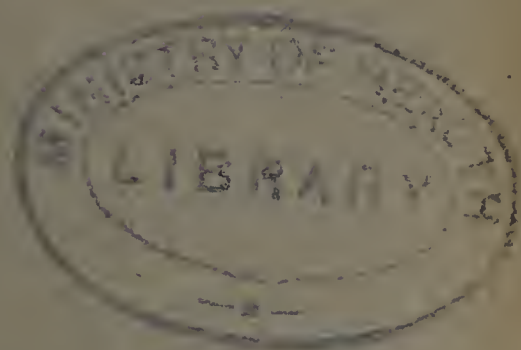


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COUNTY BOROUGH OF SOUTHEND-ON-SEA

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# REPORT

ON THE WORK OF

**PUBLIC HEALTH DEPARTMENT**

**and SCHOOL HEALTH SERVICE**

**For the Year 1951**





COUNTY BOROUGH OF SOUTHEND-ON-SEA

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# REPORT

ON THE WORK OF

**PUBLIC HEALTH DEPARTMENT  
and SCHOOL HEALTH SERVICE**

For the Year 1951





## COUNTY BOROUGH OF SOUTHEND-ON-SEA

## HEALTH COMMITTEE

*Chairman:*

Alderman Mrs. M. Broom.

*Vice-Chairman:*

Councillor B. S. Clarke, M.P.S.

The Mayor

Alderman F. Cause

Alderman W. Bray

Councillor M. J. Berry

Councillor A. Crush

Councillor A. E. Hill, J.P.

Councillor F. W. Bacon

Alderman Mrs. C. Leyland, M.B.E.

Councillor Mrs. W. M. Dalwood

Councillor L. C. Pedder

Councillor Dr. Ritchie

Councillor F. C. Janes, D.F.C.

Councillor Mrs. V. Muncy

Councillor E. E. Morris

*Co-opted Members:*

W. R. Masters, Esq.

Dr. M. L. Maley

Mrs. L. A. Lewis

## CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with  
Mrs. S. Sylvester, W. R. Masters, Esq. and Revd. J. D. Mann, M.A.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with  
Mrs. A. E. Jarvis, Miss M. E. Reay, C.B.E., J.P. & Dr. M. L. Maley.

## RESIDENTIAL ACCOMMODATION SUB-COMMITTEE.

The Council Members of the Health Committee, together with  
Mesdames A. E. Jarvis, F. E. Monk and L. R. Lewis.

## JOINT HEALTH AND EDUCATION COMMITTEE.

*Chairman:* Councillor B. S. Clarke, M.P.S.*Vice-Chairman:* Alderman Mrs. M. Broom.

The Mayor.

Alderman W. Bray

Councillor L. C. Pedder

Councillor F. W. Bacon

Councillor A. V. Mussett

Councillor Dr. Ritchie

Alderman Mrs. C. Leyland, M.B.E.

Councillor E. A. Clarke

Councillor A. Crush

Mrs. S. Sylvester

Miss M. E. Reay, C.B.E., J.P.

## ANNUAL REPORT

I have the honour to present a report on the work of the Public Health Department compiled in conformity with the requirements of Ministry of Health Circular 42/51.

At the time of writing preliminary information about the 1951 Census shows that the population as enumerated was 151,830.

The year opened with a moderately severe outbreak of influenza which was quickly succeeded by the largest incidence of measles of which we have accurate records. For the first time in the history of the County Borough, no woman died from maternal causes: after some years freedom from diphtheria, a single case came to notice and unhappily, ended fatally.

In March the Council gave to the medical officer of health the duty of co-ordinating the work of various agencies on behalf of children who were ill-treated or significantly neglected in their own homes.

The death of Alderman W. H. Calvert which occurred in July removed a well-loved figure. Chairman of the former Social Welfare Committee for many years, he came to the Health Committee in the dark days of 1941 and quickly gave proof of his qualities, becoming its vice-chairman in 1946, and succeeding Alderman S. F. Johnson as chairman three years later. When the administration of the National Assistance Act, 1948, was assimilated with the work of the public health department, he must have felt the wheel had surely come in full circle. From him we enjoyed unfailing support, continual encouragement and complete confidence, and for him there remains a great and affectionate respect.

To the Committees whom we serve, and to all my staff I am as deeply indebted as ever, and this opportunity of expressing my thanks for all the obligations of which I am deeply sensible, is most gratefully accepted.

J. STEVENSON LOGAN

Medical Officer of Health.

## VITAL STATISTICS, 1951.

## POPULATION

Census 1951	...	...	...	...	...	151,830
At mid-year, 1951, as estimated by Registrar General						151,500
At mid-year, 1939, as estimated by Registrar General						137,800

LIVE BIRTHS		Male	Female	Total
Number of legitimate births	...	1,044	918	1,962
Number of illegitimate births	...	54	57	111
		<hr/>	<hr/>	<hr/>
Total Births	...	1,098	975	2,073
		<hr/>	<hr/>	<hr/>
Birth Rate per 1,000 Residents	...	...	...	13.68
Illegitimate Birth Rate per 1,000 Residents	...	...	...	.73
Corrected Birth Rate after allowing for Comparability				
Factor of 1.02	...	...	...	13.95

STILL BIRTHS		Male	Female	Total
Number of legitimate still births	...	22	20	42
Number of illegitimate still births	...	1	3	4

DEATHS		Male	Female	Total
Number of deaths	...	1,027	1,146	2,173
Death rate per 1,000	...	...	...	14.34
(This figure, to render it comparable with the death rate for the country as a whole, has to be multiplied by the "comparability factor," .82, which has been supplied by the Registrar General as requisite to redress the abnormal constitution of the local population from the point of view of sex and age components. Applying this factor, the corrected death rate is 11.76).				

Women dying in, or in consequence  
of, child birth:—

		No.	Rate per 1,000 Births (Live & Still)
From Sepsis	...	—	—
From other causes	...	—	—
		<hr/>	<hr/>
Total	...	—	—
		<hr/>	<hr/>

## INFANT MORTALITY RATE

All infants per 1,000 live births	...	25.57
Legitimate infants per 1,000 legitimate live births	...	24.97
Illegitimate infants per 1,000 illegitimate live births	...	36.04



## ZYMOTIC DEATHS

*No of deaths from :*

Measles	...	...	...	...	...	—
Whooping Cough	...	...	...	...	...	1
Diarrhoea and Enteritis (Under 2 years of age)	...	...	...	...	...	—
Scarlet Fever	...	...	...	...	...	—
Diphtheria	...	...	...	...	...	1
Smallpox	...	...	...	...	...	—
Typhoid Fever	...	...	...	...	...	—

Total Zymotic Deaths	...	2
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Zymotic Death Rate per 1,000 population	...	0.01
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The following table, based on that issued by the Registrar General is given for comparison:—

*Annual Rate per 1,000 living*

	<i>Live Births</i>	<i>Deaths from all causes</i>	<i>Deaths under one year to 1,000 births</i>
England and Wales ...	15.5	12.5	29.6
126 County Boroughs and Great Towns ...	17.3	13.4	33.9
148 Smaller Towns ...	16.7	12.5	27.6
London ...	17.8	13.1	26.4
Southend-on-Sea ...	13.95	11.76	25.57

*Maternal Mortality Rate per 1,000 total births (live and still):*

			<i>England &amp; Wales</i>	<i>Southend</i>
Sepsis	...	...	0.43	—
Other causes	...	...	0.36	—
Total	...	...	0.79	—

## POPULATION

The Census population was 151,830 as compared with the Registrar General's estimate of 152,400 for mid 1950.

## BIRTHS

There were 2073 live births, 75 fewer than in the previous year. It seems likely that during the next few years the total of live births will remain fairly constant at about 2,000 per annum.

There were 111 illegitimate births, 3 more than in the previous year.

## STILLBIRTHS

The total of stillbirths increased markedly from 31 to 46, the rate rising from 14 to 21 per 1,000, a matter of concern in an area which has enjoyed a favourable experience in comparison with the country as a whole. Reference is made to this change in the body of the Report.

## DEATHS

The number of Southend residents who died during the year was 2,173, equivalent to 14.34 per 1,000, the rate for the previous year being 12.69 per 1,000. The "corrected" rate, which takes into account the unfavourable age constitution of our population is 11.76 per 1,000, a rise of 1.36 per 1,000 from last year. This rise is in conformity with national experience, for the rate for England and Wales rose from 11.6 to 12.5 per 1,000.

## INFECTIOUS DISEASES

There were two deaths from zymotic diseases, being due to whooping cough and diphtheria respectively.

*Pneumonia* caused 149 deaths, 131 of which were of persons over the age of 65 years. The increase from 94 in the previous year accompanied the increased prevalence of influenza in the early part of the year.

*Influenza.* There were 38 deaths certified as being due to influenza—all of them in persons over the age of 45 years, and 30 of them in persons over 65 years of age. This compares with only 8 deaths from this cause in 1950.

*Tuberculosis.* Respiratory tuberculosis caused 39 deaths (24 males and 15 females) 6 fewer than in 1950, when by comparison there were 35 male and 10 female fatalities. The majority (18) of the male deaths occurred at ages over 45 years. Other forms of tuberculosis caused 4 deaths.

*Cancer.* Deaths from this cause totalled 382 (males 190 and females 192), an increase of 44 on the previous year.

*Intracranial vascular lesions.* There were 267 deaths (104 males and 163 females) from this cause. The reduction from 292 in 1950 is mainly accounted for by the drop in the female mortality from 192 to 163.



*Heart Disease.* There were 736 deaths (331 males and 405 females) from this cause; of these 617 (257 males and 360 females) were over the age of 65. Coronary disease and angina accounted for 280 deaths (males 167, females 113), hypertension for 88 (males 36, females 52), and other forms of heart disease 368 (males 128 and females 240). Coronary disease and angina therefore cause more male deaths than female deaths, the reverse being true for other cardiac diseases.

*Violence.* Motor vehicle accidents accounted for 17 fatalities (male 11 and female 6) none being under the age of 5: all other accidents caused 49 deaths (24 males and 25 females) a feature being 18 female deaths at ages over 65. There were 18 suicides (10 male and 8 female).

*Infant Mortality.* There were 53 deaths of infants under 1 year of age, a rate of 25.57 per 1,000, rather better than the 1950 rate of 26.07. The comparable national rate was 29.6 per 1,000.

*Maternal Mortality.* The Registrar General's return shows no deaths from pregnancy, childbirth, or abortion.

## THE CENSUS 1951.

The Registrar General has issued a "Preliminary Report on the 1951 Census" and Part 1 of the "One per cent Sample" tables. These are of especial interest because they illuminate some of the changes which have taken place since the previous census of 1931.

In the figures set out below the Registrar General has adjusted the 1931 population figure so as to take account of the boundary changes brought about by the Southend-on-Sea Extension Order 1933 by which the Urban District of Shoeburyness (Pop. 6720) 10.36 acres, parts of the Parishes of Eastwood (Pop. 2777) 1384 acres, Shopland (Pop. 8) 202 acres, Great Wakering (Pop. 34) 160 acres and North Shoebury (Pop. 129) 530 acres, were added to the County Borough.

<i>Population</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Census 1951	... ..	68,733	83,097	151,830
Census 1931	... ..	57,207	72,576	129,783
		<hr/>	<hr/>	<hr/>
		+ 11,526	+ 10,521	+ 22,047

Owing to the destruction by fire of certain records, the Registrar General is unable to issue adjusted figures for all of the 58 English County Boroughs which were affected by boundary changes during the

intercensal period, but some of the more interesting adjusted figures appear below:—

*Percentage Increases.*

Coventry	...	45.0
Blackpool	...	38.7
Bournemouth	...	23.9
Oxford	...	22.5
Ipswich	...	19.7
Darlington	...	17.7
Reading	...	17.5
Wolverhampton	...	17.3
Southend-on-Sea	...	17.1
Worcester	...	15.5
Stockport	...	12.1
York	...	12.0
Exeter	...	11.6
Walsall	...	11.1
Birmingham	...	10.9
Nottingham	...	10.8
Canterbury	...	10.6
Brighton	...	6.1

*Percentage Decreases.*

West Ham	...	41.9
Salford	...	20.3
East Ham	...	15.1
Burnley	...	13.5
Great Yarmouth	...	10.0
Eastbourne	...	1.3
Hastings	...	1.0

It will thus be seen that during the last 20 years the growth of the County Borough has been very well maintained.

During the intercensal period the numerical disparity between the sexes in the County Borough has altered very little; in 1931 males formed 44% of the population, and in 1951 they amounted to 45%.

The "One Percent Sample" tables referred to above, are based on a 1% sample of the census returns which has been selected so as to provide a reliable forecast of the final analysis of all the census forms, a task which must necessarily take some years to complete.

The following tables from the sample enable us to compare the age and sex constitution of our present population with that of our 1931 population (allowances having been made for the extension of 1933).



	M A L E S						F E M A L E S					
	1951			1931			1951			1931		
	Southend-on-Sea		England and Wales	Southend-on-Sea		England and Wales	Southend-on-Sea		England and Wales	Southend-on-Sea		England and Wales
	Population	%		Population	%		Population	%		Population	%	
Marital Condition												
Single ...	26,9(00)	39.8	43.7	26,952	47.1		31,4(00)	37.3	40.5	35,223	48.5	50.0
Married ...	38,7(00)	57.2	52.4	28,363	49.6		40,7(00)	48.3	48.9	29,672	40.9	41.3
Widowed and divorced ...	2,0(00)	3.0	3.9	1,892	3.3		12,1(00)	14.4	10.6	7,681	10.6	8.7
Age (last Birthday)												
0-4 ...	6,6(00)	9.7	9.0	4,070	7.1	7.9	5,4(00)	6.4	8.0	4,155	5.8	7.1
5-14 ...	10,1(00)	15.0	14.6	9,482	16.6	17.2	9,8(00)	11.6	13.0	9,393	13.0	15.5
15-24 ...	7,5(00)	11.1	13.0	9,529	16.6	17.9	7,8(00)	9.3	12.7	11,671	16.0	17.0
25-34 ...	8,9(00)	13.2	14.9	8,206	14.3	16.0	11,4(00)	13.5	14.0	10,783	14.9	16.1
35-44 ...	11,2(00)	16.6	15.8	8,021	14.0	13.1	12,1(00)	14.4	15.0	10,972	15.1	14.1
45-54 ...	8,6(00)	12.7	13.7	7,699	13.5	12.0	11,4(00)	13.5	13.8	10,416	14.3	12.7
55-64 ...	7,2(00)	10.6	9.7	5,693	10.0	9.2	11,2(00)	13.3	11.1	7,888	10.9	9.4
65 and over	7,5(00)	11.1	9.3	4,507	7.9	6.7	15,1(00)	18.0	12.4	7,298	10.0	8.1
TOTAL ...	67,6(00)	100.0	100.0	57,207	100.0	100.0	84,2(00)	100.0	100.0	72,576	100.0	100.0

It will be seen that, notwithstanding the increased numbers of births in recent years which would have the effect of *increasing* the proportion of unmarried persons in the population, the percentage of single males has dropped from 47 to just over 39, and the percentage of single females from over 48 to about 37. This is in harmony with the national experience, for the number of marriages generally has increased. An increase in the number of married persons in the community is not, *per se*, an indication that more children will be born. Some of the additional wives will be women over the age of 45, while others will be women who have married some time earlier than was formerly the custom. These latter will have their families earlier than formerly, but their age at marriage will not necessarily influence the number of children born to them. In other words the same number of births can be expected to take place but rather earlier than would otherwise have occurred.

Widowers and divorced males who in 1931 formed 3.3% of our male population now constitute only 3.0% whereas females in like cases have risen from 10.6% to 14.4%.

Males under the age of 15 formed 24.7% of the male population as compared with 23.7% in 1931, but the males of working age now form only 64.2% as compared with 68.4%.

The ageing of our population is strikingly demonstrated by the rise in the proportion of men over 55 years of age, from 17.8% to 21.8%; men over 65 years of age have risen from 7.9% to 11.1%. The same applies to women—the proportion of those over 55 years of age is now 31.2% instead of 20.9% twenty years ago. In Southend-on-Sea we have almost reached the point where one female out of three is over 55 and more than 1 female out of six is over 65.

#### *Social Class Distribution—*

The Registrar General distinguishes five social classes which are often conveniently used in comparing mortalities.

1951. (“One Percent Sample”)

*Males.* (Occupied and retired).

		I	II	III	IV	V
England and Wales	%	3.3	15.0	52.7	16.2	12.8
Southend-on-Sea	%	5.1	19.0	53.5	12.0	10.4

This affords comparisons between the distribution according to social and economic status of males in England and Wales and Southend-on-Sea. It emphasises the “black coated” nature of the employment of our citizens.



### *Housing Statistics.*

Statistics can be readily misinterpreted in relation to housing. Figures for England and Wales include those from areas where housing standards are markedly lower than are generally to be found in the Home Counties, but nevertheless the following figures taken from the Registrar General's "One Per Cent Sample" tables may provide interest and reassurance.

	<i>England &amp; Wales</i>		<i>Southend</i>	
Households in shared dwellings ...	15.0%		28.0%	
Households of over 3 persons per room ...	0.18%		Nil	
Households of over 2 persons per room	0.96%		0.62%	
"    "    "    1½ persons per room	3.88%		2.44%	
"    "    "    1 person per room	10.81%		6.92%	
"    "    one or less person per room ... ..	84.2%		90.02%	
Households without exclusive use of Water Closet ... ..	21.4%		19.1%	
Households without exclusive use of fixed bath ... ..	44.6%		35.0%	
Households without exclusive use of both stove and sink ... ..	13.7%		15.6%	
	<u>1931</u> <u>1951</u>		<u>1931</u> <u>1951</u>	
Persons per household ... ..	3.72	3.19	3.50	2.95
"    "    room ... ..	0.83	0.73	0.73	0.67
Percentage of persons living more than 2 per room ... ..	6.94%	2.16%	2.34%	1.59%

These figures reveal the superiority of housing conditions in Southend-on-Sea when compared with the country as a whole, but afford no grounds for complacency. The high proportion of households in shared dwellings reflects changes which have been going on steadily since 1931, by which houses which formerly provided a comfortable home for lower middle class families are increasingly shared. In 1931 the old boundaries of Southend encompassed 27,440 structurally separate dwellings of which 22,655 or 82% were occupied by a single private family. The proportion of families living in shared dwellings has therefore risen from 18% to 28% in 20 years.

It will also be seen that the average number of persons per household has fallen rather more rapidly in Southend than in the country as a whole, but that the rate at which housing conditions have improved has been somewhat slower in Southend, doubtless because the room for improvement was less.

## STAFF OF THE PUBLIC HEALTH DEPARTMENT

*Medical and Dental Staff : Whole time.*

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; Assistant School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; Assistant School Medical Officer.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Senior School Dental Surgeon.

Eric Horace Digby, L.D.S., R.C.S. (Eng.), Assistant School Dental Surgeon (appointed 12.11.51).

*Medical Staff : Part time.*

Mrs. Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E. G. Sita-Lumsden, M.A., M.D. (Cantab), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre; Southend Ante-Natal Clinic and Shoeburyness Infant Clinic.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P., (Lond.), Medical Officer, Southchurch Infant Centre.

Charles Alfred Garside Cato, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Leigh Infant Clinic. (Resigned 1.8.51).

Mrs. Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer Westcliff Infant Clinic.

Ian Stanley Booth, M.B., B.S., D.C.H., Medical Officer Southend Infant Centre until 10.4.51. (Paediatric Registrar, General Hospital, Southend-on-Sea).

Thomas Lee, M.A., M.R.C.S., L.R.C.P., appointed 2.8.51. Medical Officer, Leigh Infant Clinic.

Joan Frankton, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., Medical Officer, Southend Infant Centre from 23.10.51. (Paediatric Registrar, General Hospital, Southend-on-Sea).

G. Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic. Appointed 21.3.51.



*Principal Lay Officer, Chief Clerk and Ambulance Officer :*

Mr. Ernest A. Beasant.

*Health Visitors and School Nurses :*

Superintendent Miss E. M. M. Roberts (a), (b), (c).  
 Miss K. M. Burnett (a), (b).  
 Miss M. Butcher (a), (b), (c).  
 Miss M. N. Withams (a), (b), (c).  
 Miss D. E. Stevens (a), (b), (c).  
 Miss G. M. John (a), (b), (c). Resigned 21.7.51.  
 Mrs. A. M. Hart (a), (b) (c).  
 Miss F. L. Blackburn (a), (b), (c).  
 Miss M. K. Lock (a), (b) (c).  
 Miss G. M. Willcocks (a), (b), (c).  
 Miss B. M. James (a), (b), (c).  
 Mrs. J. M. Fairfax (a), (b), (c).  
 Mrs. U. MacGrath (a), (b), (c).  
 Miss D. M. Purser (a), (b) (c).  
 Miss L. M. Marshall (a), (b), (c). Appointed 1.10.51.

*Tuberculosis Health Visitors :*

Mrs. E. E. Rowden-Roberts (a).  
 Mrs. C. M. Wilson (a), (b), (c).

*Municipal Midwives :*

Mrs. A. L. Blackwell (b).  
 Miss K. Boosey (b).  
 Miss E. A. Burnett (b).  
 Mrs. F. D. Etherington (b).  
 Mrs. C. M. Eggleston (b).  
 Miss A. M. Kerswell (b).  
 Miss E. E. Powell (b).  
 Miss W. M. Randall (a), (b).  
 Mrs. P. Priest (b).  
 Miss R. Hodges (b).  
 Miss I. G. Prince (a), (b).  
 Mrs. C. M. Guildford (a), (b). Transferred from District  
 Nursing 8.3.51.

*District Nurses :**Full-time Staff :*

Superintendent of District Nurses and Midwives,  
 Miss D. G. Head (a), (b), (c), (d).  
 Miss C. Gallehawk (a).  
 Miss R. R. McCallum (a), (d).

Miss F. Poskitt (a).  
 Mrs. A. L. Ventriss (g).  
 Mr. J. Guildford (a), (d).  
 Miss W. M. Haines (a).  
 Mr. E. Stephenson (a), (d).  
 Miss R. L. Hann (a) (b) (d). Resigned 31.7.51.  
 Miss M. W. Nichols (a), (d).  
 Mrs. S. A. Franklin (a), (b).  
 Miss A. M. Daplyn (a) (b), (d). Appointed 31.3.51.  
 Mrs. M. Ebsworth (a). Appointed 31.3.51.  
 Miss D. Bicknell (a). Appointed 15.9.51.  
 Mr. T. B. Price (a), (d). Appointed 1.2.51.

*Part-time Staff :*

Mrs. V. M. Baker (a), (b).  
 Mrs. G. D. Lines (a), (d). Resigned 30.9.51.  
 Mrs. D. E. Dawson (a).  
 Mrs. F. V. Monk (a), (b).  
 Mrs. I. L. Golding (a). Resigned 29.8.51.  
 Mrs. H. Merrick (a).  
 Mrs. M. Taylor (a), (b) (c).  
 Mrs. C. Cumberland (a).  
 Mrs. A. Hillman (e).  
 Mrs. I. Gibbs (a), (b). Resigned 25.4.51.  
 Mrs. C. M. Guildford (a), (b). Transferred to Midwifery  
 Service 8.3.51.  
 Mrs. E. Honey (a). Resigned 27.11.51.  
 Mrs. M. C. Ross (a).  
 Miss I. E. Cooper (a).  
 Miss H. Maddox (a).  
 Mrs. M. Tomblin (a).  
 Mrs. M. K. Barnes (a), (b). Resigned 21.1.51.  
 Mrs. I. Beckwith (a). Appointed 26.2.51.  
 Mrs. M. L. Hemmings (a). Appointed 8.3.51.  
 Miss A. Fowles (a). Appointed 20.8.51.  
 Mrs. E. Coote (a). Appointed 2.10.51.  
 Miss K. Macaskill (a). Appointed 11.12.51.

a = State Registered Nurse.  
 b = State Certified Midwife.  
 c = Health Visitor's Certificate.  
 d = Queen's Nurse.  
 e = Certificate of R.M.P.A.  
 f = State Registered Mental Nurse.  
 g = State Enrolled Assistant Nurse.  
 h = State Registered Fever Nurse.

*Chief Sanitary Inspector :*

Mr. R. A. Drake, B.E.M., M.R.S.I. (a), (b).

*Deputy Chief Sanitary Inspector :*

Mr. J. H. Lott (a), (b).

*Assistant Sanitary Inspectors :*

Mr. A. C. Arnold (a), (b).

Mr. E. A. Smith (a), (b).

Mr. R. E. Williams (a), (b).

Mr. D. H. Till (a), (b).

Mr. D. R. Cotgrove (a), (b).

Mr. A. E. Riches (a), (b).

Mr. M. J. Desmond (a), (b).

Mr. P. Adams (a), (b).

*Rodent Officer :*

Mr. G. Reynolds.

a = Certificate of R.S.I. and Sanitary Inspectors  
Joint Board.

b = Certificate of R.S.I. for Inspection of Meat  
and other Foods.

*Home Teacher to the Blind :*

Miss N. G. Westby, Certificated Home Teacher.

*Mental Deficiency Officer :*

Miss M. A. Brock, Social Studies Certificate, University  
London.

*Duly Authorised Officers :*

Mr. W. Price. Resigned 22.4.51.

Mr. E. W. Smith.

Mr. G. Dawson. Appointed 23.4.51.

*Supervisor of Home and Domestic Helps :*

Mrs. F. E. M. Goddard.

*Superintendent of Connaught House :*

Mr. W. L. Jones. Appointed 21.6.51.



## STAFF

Relatively few personnel changes have occurred, except among the part-time home nurses, where, owing to a continuing dearth of staff, much effort was required to maintain and develop this service.

Family responsibilities, much to our regret, obliged Miss G. M. John, health visitor and school nurse, to return to her native Swansea, but we were glad to welcome in her stead Miss L. M. Marshall who had recently obtained the Health Visitors' Certificate. The midwifery service was strengthened by the transfer of Mrs. C. M. Guildford from the home nursing service. During the year, Miss R. McCallam and Mr. J. Guildford were seconded for Queen's Institute training and were admitted to the Roll of Queen's Nurses.

In addition to being the senior lay officer in the department, Mr. Pasant is responsible to the medical officer of health for the day to day administration of our functions under the National Assistance Act, 1948. The present scope of his duties was recognised by the re-designation of his appointment, "Principal Lay Officer and Chief Clerk."

The department has for long required additional staff on the administrative side, a fact which the Council recognised by the creation of a new senior post of administrative assistant. Mr. S. Jupp of the Northampton M.B. Health Department was appointed to this post in July. Mr. Leslie Jones became superintendent of Connaught House in June. In April, Mr. G. Dawson from York C.B. Mental Health Service, was appointed duly authorised officer in place of Mr. W. Price on his retirement.

### The National Health Service Act 1946, Part III.

#### SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN

##### Clinics.

*Infant Clinics.* These were held at 2.15 p.m. as under :—

Shoeburyness :

Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea :

70, Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch) :

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood :

Eastwood Baptist Church Hall. 2nd and 4th Fridays—Health Visitor's Clinic.

Westcliff :

St. Andrew's Church Hall. Doctor's Clinic, Wednesdays. Health Visitors' Clinic, Fridays.

North Avenue :

Ferndale Road Baptist Church, Wednesdays—Health Visitor's Clinic.

Manners Way :

St. Stephen's Church, Tuesdays—Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

Particulars of attendances are :—

	South- end	South- church	Leigh	Shoe- bury	East- wood	West- cliff	Man- ners Way	Nth. Av.	Total
No. of sessions held	101	101	102	51	24	102	50	51	581
No. of individuals who attended and who at end of year were—									
Under 1 ...	215	295	260	104	33	315	72	116	1410
Aged 1 to 5 ...	432	610	556	164	74	585	155	138	2711
Total attendances of—									
Infants ...	3229	4375	4252	2096	343	5197	1239	2542	23271
Children 1 to 5	987	1272	1232	838	86	1396	229	442	6481
No. of children aged 1 to 5 subjected to routine medical inspections ...	317	583	386	71	—	314	—	—	1671



Packets of National Dried Milk distributed totalled 10,550 of which 29 were supplied at the expense of the Council.

Vitamin Preparations:—

Cod Liver Oil	...	...	6,237
Fruit Juice, Orange	...	...	20,426
Vitamin Tablets	...	...	1,199

A total of 23,273 attendances was made by infants at our clinics, 50 more than in the previous year; the number of infants under the age of one at the end of the year who attended was 1,410 as compared with 1,556 in 1950. The proportion between the number of infants who attend and the number of live births which take place, affords useful comparisons between one year and another, and information about the popularity of the clinics, as well as the degree to which advice is available from other sources. In 1951 these 1,410 individual children under the age of one year represented 67.5 per cent. of the total live births taking place during the year, whereas in 1950 the comparable proportion was 72.4 per cent. Probable explanations are not far to seek. The general medical practitioner service first provided in 1948 has had another year in which to establish itself, and the growth of a genuine family doctor relationship continues. Many doctors are increasingly interesting themselves in the supervision of expectant mothers and the babies later born to them, so some further decline in the use made of the clinics is not only to be expected, but in so far as it fulfils the intentions of the National Health Service Act, it is to be welcomed. The distribution of the population which follows the building of new houses is another factor, for families with young children are progressively moved to the peripheral area where the provision of clinic facilities has necessarily been slow, and where improvised premises are not so convenient or easy of access as other parts nearer the centre of the town.

The children who have been brought to the clinics have, however, made greater use of them, for the average number of attendances made by individual infants rose from 14.2 to 16.5. These figures suggest that there is a greater continuity of supervision, and that fewer children come regularly and intermittently. The North Avenue Clinic at Ferndale Road Baptist Church returned an average of 22 attendances per individual child, and was followed closely by Shoeburyness with a total of 20. Next highest was Manners Way with an average of 17, while Southend and Southchurch Clinics, both of which are held at the Municipal Health Centre, had the lowest average, namely 15 attendances.

Little progress, if any, has been made during the year with the toddlers, and as far as we can ascertain only about a quarter of those eligible to come to the clinics have done so. At Shoeburyness, toddlers made an average of 5.1 attendances, and at North Avenue, 3.2. Four other clinics recorded averages between 2.4 and 2.0, while Manners

Way, 1.5 and Eastwood, 1.1 had the lowest averages. When one takes into account the scattered nature of the district served by the Eastwood Clinic this low average is not surprising, but it is a little disturbing that Manners Way Clinic did not have a better showing. The clinic at which the largest number of infants and toddlers attended were Southchurch (905) and Westcliff (900). At the latter clinic the total attendances were 6,593, well above Southchurch with 5,647 and Leigh with 5,484. These figures show even more clearly than previous returns the urgent need for *ad hoc* clinic facilities in the Westcliff area.

The amount of National Dried Milk distributed from the Council clinics declined from 12,366 packets to 10,550, but there was an increase from 11,059 to 11,427 in the number of packets of proprietary dried milk foods distributed through the clinics. Taking into account the smaller number of expectant mothers, it can be said the demand for vitamin preparations was fairly well maintained.

## ANTE NATAL CLINICS

Municipal Health Centre : Monday, 9.15 a.m.; Tuesday, 9.15 a.m.; Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday, 9.15 a.m.

Leigh Clinic, 70 Burnham Road : Wednesday, 2 p.m.; Friday 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue  
Wednesday, 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street : Monday, 2 p.m.  
(On 2nd and 4th Mondays in each month only).

Formal arrangements for ante-natal care have remained unaltered but matters in this field are far from stationary. Changes in outlook and practice, occasioned by the National Health Service with its new arrangements for the provision of "maternity medical services," continue to gather momentum, and make a serious and continuing impact on the ante-natal services as we have known them.

A few figures will show the extent to which the general practitioner now concerns himself with ante-natal supervision. Of 2,073 babies born during the year, 989 were delivered in hospital, the other 1,084 in nursing homes, or at home. During the year the Executive Council agreed fees for "maternity medical services" to 1,003 patients. When allowance is made for cases which had to be admitted to hospital for obstetric emergencies, it is clear that nearly all patients who intended to be delivered at home or in nursing homes, arranged for "maternity medical services," and for each, a general practitioner accepted the obligation to carry out at least a minimum of ante-natal supervision.



“Maternity medical services” entail a minimum standard of ante-natal and post-natal care as a contractual obligation, but the medical practitioner need only attend his patient during the confinement and the lying-in period, if there is a need for his services. In practice, the domiciliary midwife continues to accept responsibility for the confinement and thus to act as a “midwife” and not as a “maternity nurse,” so in this respect, there has been little change since 1948. If she needs medical aid, however, she has the inestimable advantage of calling upon a doctor who has seen the patient during pregnancy and is aware of the progress of the labour. The new state of affairs does not relieve the midwife of her ante-natal responsibilities, which under the rules of the Central Midwives Board, she must accept, so long as the doctor does not propose to be in full charge of the confinement. In these circumstances a good deal of fluidity in our ante-natal arrangements is necessary and some over-lapping must be accepted. The clinics provide an indispensable way of filling in the gaps and allow of easy reference at any stage of their pregnancy of patients who require a specialist’s opinion or supervision.

More liaison between individual midwives and the general practitioner who is providing “maternity medical services” for the patient, is clearly desirable and in small centres of population this should not be difficult. In Southend, however, there are 49 doctors whose obstetric experience is approved by the local Obstetric Committee, and in addition, there are others who, while they have either not applied for recognition or await it, provide maternity medical services to their own patients. Twelve whole-time domiciliary midwives are organised in three groups of four to cover the whole of the County Borough. Each medical practitioner has his personal approach to ante-natal care and individual ideas about the frequency of supervision. Some doctors hold what are virtually ante-natal clinics in their own surgeries, and for their patients, there is little for the midwife to do save to keep in touch with her patient and the doctor. At the other end of the scale there are doctors who see their patients only twice during their pregnancy and rely on the midwife or the clinic, to draw their attention to any untoward or significant developments.

No doubt some of the difficulties will in time be resolved, but in the interim, the ante-natal clinics of the local Health Authority have an indispensable part to play if our present fortunate low maternal mortality and morbidity is to continue.

Some of the ante-natal clinics are attended by hospital staff, both medical and nursing, to provide supervision for patients who are confined in hospital. Without the facilities which the Council make available to the Hospital Management Committee, and for which they make suitable payment, both the Hospital Management Committee and their patients would be at a serious and continuing disadvantage and there would be much attendant inconvenience. Your own maternity services, however, derive very considerable benefit from this arrangement because it affords

opportunities for personal contact between the personnel of the hospital and the local Health Authority and the patient is dealt with inside one comprehensive scheme, irrespective of the place where her confinement will take place.

When one hears of growing separatism in other places and of the comparative isolation from the local Health Authority services of the patients booked to enter some maternity hospitals, we can congratulate ourselves on the local arrangements which owe something to geography, something to the accidents of development and much to a continuing and pervasive all-round good will.

During the year there were held 433 ante-natal sessions at which 1,819 individual mothers made a total of 10,032 attendances, 1,009 fewer than in the previous year.

## BLOOD EXAMINATIONS

With the further development of the area pathological service by the Hospital Group Management Committee, it has been possible to provide a blood examination for every expectant mother willing to submit to venepuncture who attends the clinics.

With the exception of specimens from the Leigh Clinic which are examined at the General Hospital, Southend-on-Sea, all the laboratory work is performed at Rochford General Hospital.

All specimens are tested for Prices Precipitation Reaction and full blood grouping including Rhesus grouping is carried out : in addition the haemoglobin concentration is estimated. The specimens which give a positive result with Prices Precipitation Reaction are submitted for a confirmatory Wasserman Reaction.

Of the three patients from whose blood a positive Wasserman Reaction was obtained, two had anti-specific treatment and the third was being followed up at the end of the year.

### Prices Precipitation Reaction and Rhesus Factor Tests, 1951

No. of tests made	P.P.R. Negative	W.R. & P.P.R. Positive	W.R. doubtful P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative	Rh. Negative re-tests
1305	1301	3	1	1339	1088	251	242
—	99.69%	0.23%	.08%	—	81.3%	18.7%	—



# Ante-Natal Haemoglobin Estimations during 1951—1306 Tests

Haemoglobin gms. % ...	5.7-6.4	6.5-7.2	7.3-8.0	8.1-8.8	8.9-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.8	12.9-13.6	13.7-14.4	14.5-15.2	15.3-16.0
% Haemoglobin using 14.8 as average i.e., Revised Haldane ...	39-43	44-48	49-54	55-59	60-65	66-70	71-75	76-80	81-86	87-91	92-96	97-102	103-108
No. of tests ...	2	2	9	16	33	119	255	306	298	161	83	20	2
% of each group ...	.2	.2	.7	1.2	2.5	9.1	19.5	23.5	22.8	12.3	6.3	1.5	.2

NOTES : (1) Expression of Haemoglobin concentration as grammes per cent., is the only way by which comparisons of different sets of figures can adequately be made.

(2) Wide variations of Haemoglobin concentration occur normally, but 14.8 gms. % is usually regarded as an average figure for adults.

(3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of haemoglobin are usual, and figures above 10.4 gms % (70% Haldane) should not be taken as necessarily indicating any pathological state.

(4) Taking this into account it will be seen that 13.9% of our patients can be considered anaemic.



Attendances at the Council's clinics were as shown below :—

	<i>Southend</i>	<i>Leigh</i>	<i>Westcliff</i>	<i>Shoebury</i>	<i>Total</i>
No. of sessions held ...	255	102	51	25	433
No. of individual expectant mothers ... ..	1248	367	158	46	1819
No. of attendances of expectant mothers ...	6583	2130	1064	255	10032

## POST-NATAL CLINICS

	<i>Southend</i>	<i>Leigh</i>	<i>Shoebury</i>	<i>Total</i>
No. of individual mothers who attended	606	189	36	831
Total attendances of mothers ... ..	1068	298	48	1414
Total No. of sessions of Post-Natal Clinics ... ..	51	102	25	178

*Post-Natal Clinics.* The number of individual mothers who attended the clinics fell by 114 to 831 and their total attendances by 61 to 1414. During the year we made considerable efforts to persuade patients to accept post-natal examinations as a routine, and now, before a patient leaves hospital or the midwife ceases attendance, she is asked about her intentions; subsequently the Health Visitor tries to persuade the mothers whom she visits to present themselves for examination. The following figures, however, show how much more requires to be done. Rather more than half the patients, namely 1,130, said they would prefer to attend the local Health Authority Clinic for post-natal examination, but only 774 of them, or just under 70 per cent, did so.

There were 1,003 mothers who arranged with their own doctors for "maternity medical services," but only 827, or 82 per cent., accepted the post-natal examination which is part of them. We know that in a year during which there were 2,073 total births, 1,591 patients were examined post-natally. When allowance is made for the usual proportion of multiple births we see that a quarter of our mothers still refuse this important safeguard against disease and invalidism, and intensive efforts at education must be continued.

## DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

REPORT OF MR. E. C. AUSTEN, SENIOR DENTAL OFFICER.

During 1951 the dental treatment of expectant and nursing mothers and children of pre-school age was still of an emergency character. Dental Inspection was not given to all who attended the authority's clinics, but cases of acute toothache or sepsis were referred through the Medical Officers to the Dental Clinic. This unhappy arrangement must continue until such time as the staff situation allows this authority to offer free dental inspections to all who attend the Maternity and Child Welfare Clinics.

As before, the Southend General Hospital carried out X-Ray examinations where necessary and forwarded the plate to the Senior Dental Officer.

The number of mothers treated again showed a decline on the previous year but the number of pre-school children treated was an increase.

### (a) Numbers provided with Dental Treatment :

				Examined	Needing treatment	Treated	Made Dentally Fit
Expectant mothers	and ...	nursing ...		22 (70)	22 (70)	22 (51)	20 (51)
Children	...	...	...	172 (152)	172 (152)	172 (152)	160 (152)

### (b) Forms of Dental Treatment provided :

		Ex- trac- tions	Anaesthetics		Fill- ings	Scalings or Scal- ing and gum trt.	Silver Nit- rate trt.	Dress- ings	Radio- graphs	Dentures provided	
			Local	General						Com- plete	Part- ial
Expectant and nursing mothers	28 (86)	5 (Nil)	14 (42)	6 (8)	— (—)	— (—)	3 (4)	— (—)	— (1)	1 (—)	
Children under five	...340 (259)	— (—)	172 (205)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	

*Comparable figures for 1950 are given in brackets.*

## NURSING HOMES

No new nursing homes were registered during 1951 : one certificate of registration was surrendered during the year and the home registered under the National Assistance Act, 1948, and the Southend-on-Sea Corporation Act, 1947.



<i>Homes on Register at end of year:—</i>				<i>No of beds provided for</i>		
				<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Belvedere	...	...	—	...	4	4
11, Albion Road	...	...	—	...	2	2
Hayesleigh	...	...	4	...	—	4
Highcliff	...	...	—	...	12	12
Highlands	...	...	3	...	—	3
Leigh	...	...	—	...	10	10
Meteor	...	...	12	...	—	12
71, Wimborne Road	...	...	—	...	18	18
26, Western Road	...	...	2	...	—	2
Craigowan	...	...	—	...	6	6
278, Southbourne Grove	...	...	—	...	4	4
Rookwood	...	...	—	...	2	2
				21	58	79

No. of inspections made during the year : 10.

## UNMARRIED MOTHERS AND THEIR CHILDREN

The Southend Branch of the Chelmsford Diocesan Moral Welfare Association is primarily responsible for the welfare of unmarried mothers. The local Health Authority have for some years made a substantial monetary grant towards the upkeep of St. Monica, a home provided by the Branch and paid £1 10s. 0d. per week in respect of the maintenance of Southend residents there. They have also agreed in principle to make a grant towards the salary and expenses of a moral welfare worker, as distinct from the superintendent of the home, in the event of such an appointment being made.

The Branch has made great efforts to maintain and improve its service, in spite of the handicap of unsuitable premises and much public apathy. It is fully aware of the need for voluntary support for its work and the newly appointed secretary the Rev. A. H. M. Martin has made a forthright appeal for support from local churches.

The management of the home was a constant anxiety owing to the staffing difficulties, and at one unfortunate juncture it was necessary to close it temporarily for three weeks. In spite of this, much valuable work was carried out by Miss Barber, superintendent, and her deputy Miss Fuller, who received every possible assistance and encouragement from the secretary of the House Sub-Committee, Mrs. J. H. Burrows.

During the year the basis of the financial assistance from the local Health Authority was altered, the annual block grant being reduced to £200 and the weekly maintenance payment increased to £3 10s. 0d.

Accommodation was provided at the expense of the Council in the following homes:

St. Monica Diocesan Shelter—13 mothers for a total of 505 days.

Diocesan Maternity Home, Coggeshall—1 mother for 90 days.

## INFANT MORTALITY

The infant mortality rate was 25.57 per 1,000 live births as compared with 26.07 per 1,000 in the previous year. During the last decade the rate has fallen from 32.54, although in 1944 and 1945 were setbacks (37.18 and 42.17 respectively). In 1948 the rate fell to 22.10, since when it has become stabilised at approximately 26. During the same period the national rate has improved from 49 to 29.6, and the London rate from 45 to 25. These comparisons must cause disquiet about our failure to maintain our former lead, particularly as rates below 20 per 1,000 are possible. Effort and money expended on additional measures to reduce infantile mortality are bound to show a diminishing return, but the need for action is undeniable. By current standards the present case load of our health visitors is too high and should receive further attention.

There was little change in the total neo-natal mortality, 29 infants died in the first week of life compared with 33 in the age group in 1950, and 4 as compared with 5, during the second week. Deaths under 1 year by age groups were:

Under 1 week	...	...	...	...	29
1—2 weeks	...	...	...	...	4
2—4 weeks	...	...	...	...	4
1—3 months	...	...	...	...	5
3—6 months	...	...	...	...	5
6—9 months	...	...	...	...	4
9—12 months	...	...	...	...	2
					—
					53
					—

### Neo-Natal Mortality

Valid comparisons between the causes of neo-natal mortality from year to year, are difficult to make in the absence of full clinical details; many of them have a combination of causes, and small shifts of emphasis can make big statistical differences.

In the following table deaths originally ascribed to "atelectasis" and "respiratory" infections have been classified as due to "prematurity" or "congenital defects" where either of these conditions has also been entered as a cause of death. This adjustment, however, does not suffice to remove some notable differences when comparison is made with the classification set out in the report for 1950. It is difficult



to suggest a good reason why there were only 3 deaths ascribed to "accidents attendant on birth" compared with 13 in the previous year, or 13 deaths due to "congenital defects" when there were only 7 so attributed in 1950.

Of the 53 infants who died during the first year of life, 30 were male and 23 female.

Atelectasis ... ..	3
Prematurity ... ..	20
Congenital defects ... ..	13
Accidents attendant on birth ... ..	3
Meningitis ... ..	2
Respiratory infections ... ..	7
Accidental suffocation ... ..	2
Tuberculosis—respiratory ... ..	1
Diphtheria ... ..	1
Cerebral abscess ... ..	1
	—
	53
	—

### *Prematurity*

The table below relates to both County Borough of Southend-on-Sea and Essex mothers.

### PREMATURE BABY UNIT : ROCHFORD GENERAL HOSPITAL

Weights	BORN IN HOSPITAL				BORN BEFORE ADMISSION	
	Died 1st 24 hours	Died 2-7 days	Sur- vived 28 days	Total	Sur- vived 28 days	Total
2lbs. 3ozs. and less ...	1	2	—	3	—	—
2lbs. 4ozs. to 3lbs. 4ozs.	2	7	7	16	—	—
3lbs. 5ozs. to 4lbs. 6ozs.	3	—	20	23	4	4
4lbs. 7ozs. to 4lbs. 15ozs.	1	—	19	20	1	1
5lbs. to 5lbs. 8ozs. ...	3	—	45	48	2	2
Total...	10	9	91	110	7	7

Two of the babies born before admission were from Southend.

Of ten premature infants born and nursed entirely at home, two died between the 8th and 28th day.

There were four premature infants born and nursed in private nursing homes. One of these died within the first 24 hours. Of those who survived 28 days, one infant weighed only 3 lb. 4 ozs. at birth.

## *Stillbirths*

The County Borough, has for many years, returned a stillbirth rate very much below the average over England and Wales, and the reduction from 38 per 1,000 total births in 1938 to 14.4 per 1,000 in 1950, has hitherto been gratifying and reassuring. The 1951 figures show that, whereas in the matter of infantile mortality, the gap between our rates and the less favourable national rates has narrowed very considerably and London has caught up with us, when it comes to stillbirths, the national rate has caught up with us and London with 20.1 per 1,000 has now a more favourable experience. The reversal of this favourable trend during 1951, when the rate rose to 21.6 per 1,000, has stimulated enquiry, which, however, has produced little of positive value.

There were 9 stillbirths out of a total of 822 births in domiciliary practice, which was less favourable than in the previous year when 6 stillbirths occurred in 717 domiciliary births. Nursing home births totalled 262, there being 4 stillbirths; 33 stillbirths occurred in hospital. Expressed as a rate per 1,000 total births, domiciliary stillbirths rose from 8.3 to 11.0, nursing home stillbirths remained stationary at about 15, and hospital stillbirths went up from 17.6 to 32. This hospital rate for stillbirths to Southend mothers corresponds very closely to that for all the hospital confinements, namely 31.4, so that if criteria for admission of patients from Southend is the same as for patients from the county area, the unfavourable factors are not confined to the County Borough.

Differences between the domiciliary and hospital rates are, of course, to be expected, hospital confinements include most of the known poor obstetric risks, a high proportion of first births, and many complications of pregnancy and labour. What is disquieting is the increase in the hospital rate, and Mrs. F. Bridge, F.R.C.S., consultant obstetrician and obstetric adviser to the Corporation comments as follows:

“In 1950, 75 per cent. of the stillbirths occurred in cases booked for hospital, in 1951 only 55 per cent. of the stillbirths were in booked cases. There is an increasing tendency for ante-natal care to be obtained outside the clinics, and there seems reason to suppose that it is less well done than formerly; in particular the toxæmic states are not recognised sufficiently early, and even when recognised the right course of treatment may be delayed.”

Among the 14 unavoidable stillbirths 7 were due to foetal abnormality, 4 were intra-uterine deaths of unknown causation, and 3 resulted from Rhesus incompatibility. Toxaemia was the most important cause of avoidable stillbirths, being wholly or partly responsible in 19 cases. Difficult labours accounted for only 4 stillbirths, a tribute to the skill of the obstetric staff.



### Deaths of Children Age 1 to 5

In this age group, 12 deaths occurred, compared with 4 and 16 respectively, in the two previous years. There was marked disparity between the sexes, only two boys died ; serious congenital defects were present in a third of the children.

#### Causes

Broncho-pneumonia (a) following whooping cough	...	...	1
(b) associated with measles encephalitis	...	...	1
Acute bronchiolitis	...	...	2
Acute tracheo-bronchitis	...	...	1
Meningitis (tuberculous)	...	...	1
Congenital cerebral palsy	...	...	1
Congenital cystic lung and pancreas	...	...	1
Meckel's diverticulum (post-operative cerebral oedema)	...	...	1
Status Epilepticus (imbecile)	...	...	1
Pericarditis	...	...	1
Asphyxia (choking fit)	...	...	1

Age groups	Deaths
1—2 years	7
2—3 years	3
3—4 years	—
4—5 years	2

## SECTION 23—MIDWIFERY

### Work of the Municipal Midwives

Heavy demands were again made on the domiciliary midwives who attended 790 patients, 115 more than in the previous year. The first three months were specially arduous because nearly one third of all the births happened then. While the total of births attended by the midwives increased by over 14 per cent., the proportion of patients for whom they acted as "maternity nurses" fell from 22 per cent. to 11 per cent. As has already been mentioned, fees for "maternity medical services" were paid by the Local Executive Council in respect of 1,003 patients.

Although improved recruitment of staff permitted the re-opening of some maternity beds at the General Hospital Rochford, which had had to be closed in the previous August, it was often necessary to discharge mothers undesirably early in the puerperium, with the result that the domiciliary midwives were called upon to attend them when they returned home. This is a state of affairs which is unsatisfactory to the mother who has made her arrangements on the assumption that she will complete her lying-in at the hospital, unwelcome to the hospital staff who desire to complete a service they have begun, and is resented by the domiciliary midwife, who, not having had the satisfaction of conducting the labour is nevertheless called upon to be responsible for the remaining days of the puerperium.

Of all the changes which have come with the National Health Service it is this which is most generally objectionable to the midwives ;



they recognise its inevitability in the present circumstances, but they all look forward to the day when it need no longer happen.

The number of cases attended by municipal midwives during the year were :—

	Cases attended as Midwives		Cases attended as Maternity Nurses	
	Labours	Miscarriages	Labours	Miscarriages
Cases booked by Municipal Midwives and delivered by them ...	691	3	87	—
Cases where no arrangement for confinement had been made and Municipal Midwives were summoned in an emergency ...	7	—	1	—
Totals ...	698	3	88	1

*Number of visits paid :*

Ante-natal ... ..	6,021
Morning nursings ... ..	10,650
Evening nursings ... ..	2,519
Total ... ..	19,190

Number of patients receiving gas and air analgesia ... 454

*Gas and Air Analgesia*

There is now only one domiciliary midwife who remains untrained in the administration of gas and air analgesia, and because she is so near to the age of compulsory retirement, it is not proposed to require her to undergo instruction. Many mothers who, as a first choice, seek her services must do so in the full knowledge that if she attends them, they will be denied the relief of analgesia. Nevertheless there has been no falling off in the number of requests made for her services, and one can only conclude that there are many wide differences in individual attitudes towards, and acceptance of, pain in childbirth.

An attempt has been made, to assess, from the midwives' reports, the value of gas and air analgesia, as administered in domiciliary practice. Of 156 administrations, 52 or exactly one third are considered to have given "complete relief," 98 or nearly two thirds gave "considerable relief" and 6 "some relief." No administration was reported as being of no value.

The proportion of mothers receiving gas and air analgesia was 58.3 per cent., being unchanged from the previous year. There was no numerical difference between "midwife" and "maternity nurse" cases.

## MIDWIVES ACT 1951. Work of Local Supervising Authority.

Intention to practise was notified by 25 midwives, one of whom was engaged in private domiciliary practice, and 10 in nursing homes; between them they attended 738 mothers as midwives and 341 as maternity nurses. Of the 14 midwives in the employment of the local Health Authority, one was the Superintendent of the Domiciliary Midwifery Service, one was a district nurse undertaking occasional midwifery relief duty and the remaining 12 were employed as whole time domiciliary midwives.

## MEDICAL AID UNDER 14(1) OF THE MIDWIVES ACT 1951

Medical aid was summoned on 128 occasions or in 18.3 per cent. of cases attended by midwives, a decrease of 9.5 per cent. on last year.

## MATERNAL MORTALITY

The year 1951 was memorable in that, for the first time in the history of the County Borough, no woman died from maternal causes. Since 1942 our maternal mortality rate has fallen very greatly and in the previous three years it has been only one tenth of the former figure. It would be comforting to regard the happy experience of 1951 as marking the success of a long sustained effort by those who make any contribution to the maternity services of the town. Unfortunately, shadows cast by events in 1952, have soon darkened this bright picture and destroyed some of the pleasure of this achievement.

## SECTION 24—HEALTH VISITING

There can be few areas where the health visitor, who is the general practitioner of social medicine, has a wider scope and opportunity, than in Southend, for here she is also school nurse, the Local Authority's field worker under the National Assistance Act 1948, and she is now taking an ever increasing part in health education for schools and clinics alike.

The table set out below, shows some changes from the previous year. During the year, health visitors made a total of 33,752 effective visits (excluding tuberculosis visits), 1,095 fewer than in the previous year. This small decline is less than might have been expected, for one health visitor had the misfortune to be on sick leave for 5 months, and 3 months elapsed between the time when another officer left your service and her replacement took up duty. It will be noted that 2,155 first visits were made to infants under one year, whereas only 2,073 live births were credited to the Borough. This numerical discrepancy is explained by the fact that some arrears of visiting were overtaken, some children were born in the Borough to temporary residents, and first visits to children entering the Borough before reaching the age of one were included. First



visits to cases of communicable disease increased from 2,404 to 3,562, the increase was occasioned by the outbreak of measles, which imposed a great deal of additional work.

At each of two secondary schools, one whole session per week has been given by the health visitor and school nurse attached to it, to systematic instruction in mothercraft. The three classes concerned have shown considerable interest, so much so, that some girls who left school before the completion of the courses have attended them voluntarily. In addition set demonstrations have been arranged at other schools.

Expectant mothers attending some of the ante-natal clinics have also enjoyed courses of instruction from the health visitors; by the end of the year 3 morning sessions each week were assigned to this work. It is significant that the hospital staff midwives who attend some of the clinics to supervise mothers, many of whom are primiparae, to be confined in the maternity unit, have not only recognised that the health visitor is the proper person to undertake this teaching, but have encouraged mothers to take advantage of what we have been able to provide for them.

The popularity, with women's organisations, of talks by health visitors, is growing, and as the following list shows, they have had a wide audience during the year.

January	St. John's Mothers' Union.
February	Belle Vue Baptist Young Wives' Club.
"	St. Paul's Young Wives' Club.
March	British Legion Women's Branch, Leigh.
June	St. Peter's Mothers' Union.
September	20—40 Club, Leigh.
October	St. John's Young Wives' Club.
"	Westcliff Baptist Church.
"	Young Women's Fellowship, Leigh.
November	Young Wives' Fellowship, Shoeburyness.
"	St. Paul's Young Wives' Club.
December	Young Wives' Club, Avenue Baptist Church (2 talks)

#### *Work of Health Visitors*

Infants under 1 year	Firsts visits	...	2,155
	Subsequent visits	...	7,465
Children aged 1-5 years	No. of children visited		9,970
	No. of visits paid	...	16,952
Expectant Mothers	First visits	...	1,267
	Subsequent visits	...	790
Communicable diseases	First visits	...	3,562
	Subsequent visits	...	432
Nurseries and Daily Minders	First visits	...	32
	Subsequent visits	...	84
Special Visits	First visits	...	741
	Subsequent visits	...	272
Tuberculosis	First visits	...	144
	Subsequent visits	...	3,783

## SECTION 25—HOME NURSING

It suffices to reiterate the conclusions of the previous report namely “your Home Nursing Service continues to grow in usefulness and the public esteem.”

The number of patients receiving treatment during the year increased by nearly 21% to 3,766; the visits paid by 23% to 80,369. This expansion has been accomplished in the face of great staffing difficulties.

By the end of the year a nett increase of three had brought the number of whole-time district nurses in your employment up to fourteen. In February the establishment of male district nurses had been raised to three, two of them being Queen's nurses; this enabled the Committee to second Mr. Guildford for Queen's training which he completed successfully before the end of the year. Male district nurses have proved invaluable, and it is quite apparent that their employment will be a permanent feature of the service. A schedule in another part of the report setting out the names and qualifications of your staff shows how much use has been made of part-time staff. Without the service of these nurses we would be quite unable to meet the present demands. Part-time staff must make a good deal of additional administrative work and their extensive employment militates against uniform technique and standards of treatment throughout the service. Most have family ties which make sudden and unexpected calls upon them so that they cannot be expected to give the same continuity and certainty of service; this is especially evident at holiday times.

Nevertheless, within these limitations they continue to give first class service, and work harmoniously and loyally with the whole-time staff with whom they share the various districts. From time to time we find occasion to consult the officers of the Queen's Institute of District Nursing and this opportunity of acknowledging their assistance is gratefully accepted.

## CLASSIFICATION OF CONDITIONS TREATED

							<i>No. of Patients</i>
Accidents	...	...	...	...	...	...	36
Amputations	...	...	...	...	...	...	10
Arthritis	...	...	...	...	...	...	64
Bronchitis and Pleurisy	...	...	...	...	...	...	188
Burns and Scalds	...	...	...	...	...	...	17
Carbuncles and Boils	...	...	...	...	...	...	90
Carcinoma and Sarcoma	...	...	...	...	...	...	229
Cardiac and circulatory conditions (including Phlebitis)	...	...	...	...	...	...	386
Cerebral haemorrhage (strokes, hemiplegia)	...	...	...	...	...	...	220



Dental conditions	...	...	...	...	...	21
Dermatitis and other skin conditions	...	...	...	...	...	33
Diabetes Mellitus	...	...	...	...	...	176
Diabetes Insipidus	...	...	...	...	...	1
Dressings	...	...	...	...	...	76
Ear, nose and throat conditions	...	...	...	...	...	223
Elephantiasis and myxoedema	...	...	...	...	...	2
Empyema	...	...	...	...	...	4
Enemata (for constipation)	...	...	...	...	...	201
Enemata (preparation for X-Ray, etc.)	...	...	...	...	...	470
Erysipelas	...	...	...	...	...	9
Eye conditions	...	...	...	...	...	28
Food Poisoning	...	...	...	...	...	1
Fractures	...	...	...	...	...	32
Gangrene	...	...	...	...	...	13
Gastric conditions	...	...	...	...	...	31
Gynaecological conditions	...	...	...	...	...	78
Hernia	...	...	...	...	...	11
Influenza	...	...	...	...	...	15
Injections (hypodermic and intramuscular,, other than for diabetes and tuberculosis)	...	...	...	...	...	32
Local septic conditions	...	...	...	...	...	165
Maternity (discharged from hospital before 14th day, or taken over from Municipal Midwives owing to possible infection)	...	...	...	...	...	42
Miscarriage	...	...	...	...	...	17
Nephritis	...	...	...	...	...	32
Nervous disorders	...	...	...	...	...	11
Operations (taking place in the home)	...	...	...	...	...	9
Orthopaedic conditions	...	...	...	...	...	9
Osteomyelitis	...	...	...	...	...	12
Paralysis (other than strokes)	...	...	...	...	...	45
Pernicious anaemia	...	...	...	...	...	77
Pneumonia	...	...	...	...	...	215
Polycythaemia	...	...	...	...	...	2
Prostatic conditions	...	...	...	...	...	53
Rheumatism (acute)	...	...	...	...	...	16
Senility	...	...	...	...	...	136
Synovitis	...	...	...	...	...	2
Tuberculosis	...	...	...	...	...	88
Ulcerated legs	...	...	...	...	...	58
War injuries	...	...	...	...	...	2
Worms	...	...	...	...	...	78
Total	...	...	...	...	...	3,766 cases
Total	...	...	...	...	...	80,369 visits

## SECTION 26—VACCINATION AND IMMUNISATION

Much more use was made of the arrangements for vaccination against smallpox and immunisation against diphtheria, the total number of vaccinations and re-vaccinations being 50% greater than in the previous year: there was also an increase of 40% in the number of children receiving a primary course of immunisation. Some additional use was made of the Council's clinics, but most of the increased work was undertaken by general practitioners under the National Health Service Act arrangements.

In spite of the progress which has been made, however, the proportion of children who have been artificially protected against diphtheria is far too low to allow of complacency, although it is of interest that no secondary cases arose from the single primary case of diphtheria recorded during the year.

The local health authority provides facilities for vaccination and immunisation against diphtheria. A special clinic is held weekly on Friday afternoons at the Municipal Health Centre, and additionally parents in Leigh and Shoebury can bring their children to the weekly inspection clinics held there on Tuesdays and Thursdays respectively.

The following vaccinations were recorded during the year:—

<i>By whom vaccinated</i>	<i>Total</i>
(a) Private practitioners—	
(i) Primary ... ..	797
(ii) Re-vaccinations ... ..	474
(b) At Council's Clinics—	
(i) Primary ... ..	260
(ii) Re-vaccinations ... ..	34
	<hr/>
	1,565
	<hr/>

Number of children who completed a course of primary immunisation during the year:—

	<i>Total</i>
(a) At Council's Clinics—	
(i) Children under 5 ... ..	659
(ii) Children 5 - 14 ... ..	57
(b) By private practitioners—	
(i) Children under 5 ... ..	793
(ii) Children 5 - 14 ... ..	57
	<hr/>
	1,566
	<hr/>



Number of children who were given a secondary or reinforcing injection:—

			<i>Total</i>
(a) At Council's Clinics	...	...	390
(b) By private practitioners	...	...	151
			<hr/> 541 <hr/>

### DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION

No. of children at 31.12.51, who had completed a course of Immunisation *at any time before that date*, (i.e. at any time since 1.1.1937).

Age at 31.12.51 Born in Year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	Total Under 15
Number Immunised ...	38	946	1104	1252	1630	5361	3191	13,522
Estimated child population at 1951 Census (1% Sample)	Children Under 5 . <hr/> 12,0(00) (41.41%)					Children 5-14 <hr/> 19,9(00) (42.97%)		31,9(00) (42.3%)

### SECTION 27—AMBULANCE SERVICE

No change was made during the year in the basic arrangements already reported. The St. John Ambulance Brigade provides, as your agent, conveyance for accident and non-infectious cases; the Council is directly responsible for the infectious disease ambulance service. Sitting case cars are supplied mainly by the Hospital Car Service, although some use is made of the Corporation's own fleet of motor cars, and, when these are not available, of private hire vehicles. Once more it is pleasant to record the great assistance we have received from Mr. W. J. Clitter, Superintendent of the St. John Ambulance Brigade, and his officers, and also Mrs. Foreman and Mr. Bentley who jointly organise the Hospital Car Service in Southend-on-Sea.

A special sitting case ambulance delivered in May was based on the General Hospital, Southend, and employed solely in carrying out-patients. This vehicle, the special features of which are described later on, quickly proved its value, and had it not been available there must

have been much greater expenditure on sitting case cars. The following changes in the financial arrangements were made :—

*St. John Ambulance Brigade.*

Journeys within the Borough—10s. 6d. each.

Journeys to General Hospital, Rochford or Connaught House, Rochford—15s. 6d. each.

Journeys outside the area of the County Borough—1s. 9d. per mile.

Journeys to Runwell Hospital—to be charged on a mileage basis in future.

Street accidents—no change.

Plus a surcharge of 10 per cent. up to 10th April, 1951, after which the surcharge be increased to 11.5 per cent.

There are few services provided by Local Authorities where costs have risen more rapidly since the “appointed day” or which have occasioned more anxiety about the possibility of abuse than the ambulance service. It is important, therefore, to reiterate that there is a point beyond which neither the Council nor its officers can limit expenditure. Under the Act the only limiting factor is the “need” itself, and much wider provision would be permissible under your present powers. The service must necessarily follow hospital policy. Every increase in out-patient treatment or investigation, makes fresh calls. The growth of special hospital centres must have the same effect. The day tripper is immune from neither accident nor illness, and every week-end during the season there are continuous calls for the removal, over quite considerable distances, of patients who have been treated in the casualty department. Nor must it be forgotten that the doctor must have the last word about the kind of transport to be provided, and no administrator, whether medical or lay, can enforce a change of opinion when persuasion has failed.

Happily, from the very inception of the service we have had a clear understanding of the dangers of too lavish provision, thus avoiding the painful and awkward duty of denying today, what was, yesterday, granted without question. There must inevitably be some instances where insufficient investigation or error of judgment have resulted in the provision of transport which may not have been strictly necessary, but the writer is confident there has been no avoidable abuse of the service, and thanks are due both to the transport officers of the hospitals and to the general practitioners of the area, for the care usually taken in advising about the need for ambulance transport.

The Ministry of Health has published an ambulance service costing return for the financial year ending March 31st, 1951, and although, no doubt, each area has its own particular and peculiar circumstances, some valid comparisons can be made. The accident of geography can make great differences to costs, for where there is a compact community of high average density, and the main hospitals are situated conveniently in its midst, the ambulance service must be cheaper than in a more sparsely populated district where the main hospital is situated some



distance away. It is not, however, to be conceded that Southend is a most favoured county borough in this respect, and yet the return shows that there are only two other county boroughs where the expenditure per thousand of the population was less than your own; *it was almost half the average for the county boroughs (the larger cities excluded)*. The county borough services costing less than £100 per thousand of the population were:—

Worcester	...	...	£55
Northampton	...	...	£57
<b>Southend-on-Sea</b>	...	...	<b>£73</b>
Barnsley	...	...	£76
Eastbourne	...	...	£84
Warrington	...	...	£90
St. Helens	...	...	£92
Stockport	...	...	£93
Middlesborough	...	...	£96
<b>Average</b>	...	...	<b>£137</b>

It would appear from the return that in Worcester and Northampton the services are provided wholly on an agency basis, and must clearly be staffed very largely by voluntary help.

During the year your two Talbot ambulances purchased in 1936 were replaced by two Austin ambulances fitted with the same type of body and stretcher loading gear as the St. John Ambulance Brigade vehicles. An Austin chassis was also fitted with a special body similar to that developed by the Worcester County Council, whose officers gave us a great deal of help in its design. Its special features are entrance doors wide enough to take a wheel chair, folding steps and special rigid hand rails, which when locked into position give considerable support and assistance in entering and leaving the vehicles, and aeroplane-type seats mounted on single pillars, which fit into round sockets in the floor. These can be lifted out or rotated at will so as to offer ample room for the patient whose leg is extended in a back splint or whose arm is carried shoulder high. The sitting case ambulance very quickly proved to be of great service, for it reduced the number of stretcher journeys which would have otherwise been necessary, and saved money on sitting case cars, which in the best of circumstances can only carry three patients, whereas your vehicle can take eight.

St. John Ambulance Brigade commissioned an extension of their existing garages at their headquarters in Queens Road, which when completed will be of great value. The Consultative Committee continued to play an invaluable part in bringing together the voluntary and official partners in this service, and once more it is pleasant to report that the arrangements continued to work smoothly and efficiently.

*Amounts paid to bodies providing agency services were:—*

St. John Ambulance Brigade	...	£5,330 13s. 2d.
Hospital Car Service	...	£3,202 0s. 6d.

# AMBULANCE SERVICE—1st January to 31st December, 1951

	No. of vehicles available	No. of cases conveyed to/from Southend General Hospital (In-Patients)	No. of cases conveyed to/from S.G.H. to/from their homes or Hospitals in the Borough (mainly Out-Patients)	No. of cases conveyed to/from General Hospital Rochford	No. of cases conveyed to Isolation Hospital (Westcliff)	No. of cases conveyed to Hospitals etc., outside the Borough	No. of cases conveyed to Nursing Homes and misc. journeys in the Borough	No. of cases conveyed to/from Lancaster House (Chest Clinic)	Accidents	Total mileage
<i>Ambulances:—</i>										
St. John Ambul- ance Brigade	6 6	2,780 3,016	— —	2,509 2,691	99 239	244 273	234 217	— —	1,286 1,179	66,787 71,615
Infectious Disease Ambulances	2 2	43 42	— —	187 157	338 400	38 25	8 36	480 474	— —	7,876 7,933
<i>Sitting Case Am- bulance (1)</i>		—	2,585	—	—	—	—	—	—	10,490
<i>Sitting Case Cars:—</i>										
Hospital Car Service	34 42	— —	8,898 10,536	790 311	— —	679 522	131 73	1,019 1,170	— —	119,622 126,952
Corporation Transport Pool	12 12	— —	3 —	85 —	— —	160 128	16 18	4 8	— —	9,010 4,501
Private Hire Cars		—	—	3	—	9	—	—	—	388

Figures in italics relate to 1950.



## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER CARE.

### TUBERCULOSIS

The National Health Service Act, for purposes of administration and finance, divides the field of tuberculosis into two parts. Diagnosis and treatment are the responsibility of the Regional Hospital Board who also control the Mass Miniature Radiography Units—although it could be fairly claimed that their function is fundamentally preventive—and the Local Health Authorities who have to undertake the prevention, care and after-care of this disease. Tuberculosis as a medico-social problem is, however, one and indivisible, and if the community is properly to discharge its obligations, the two complementary authorities must work together in very close association.

In Southend-on-Sea the working arrangements are quite satisfactory and probably as good as anything which could be obtained outside of a single unified tuberculosis service. The Health Committee's planning has borne good fruit. Plans for a new chest clinic within a very short distance of the Health Centre were approved before the appointed day, and the post of tuberculosis physician was recognised by all as being of consultant status. The Health Committee and the Hospital Management Committee have each been liberal and fair about the staffing of the clinic, and while your health visitors must of necessity do certain nursing work in the clinic if they are to be fully effective field workers, there has been no disposition to call on them unreasonably for clinic duty. The other sections of your organisation have been most helpful, and it is proper to draw attention to the contribution made by district nurses, sanitary inspectors, health visitors and home helps. In a great measure this has been fostered by the staff tuberculosis conference, fully described in the previous report, for mutual understanding and a sense of common purpose makes co-operation a reality. Most important of all, we have been fortunate in the Hospital Board's appointment of Dr. E. G. Sita-Lumsden, as consultant physician for tuberculosis. He has shown an interest in the sociological aspects of this work beyond what we have commonly experienced at the hands of eminent clinicians, and has been a most effective member of the team.

It had become increasingly apparent that our existing arrangements for dealing with individual patients required strengthening. The tuberculosis health visitors formed a vital link between the Clinic, the patient and his home, but we came to see that someone was needed to advise the patient about the various agencies available to help him and his family to cope with the various difficulties which acceptance of a long period of treatment, the possibility of a change of occupation, and a drastic alteration in his way of life, must necessarily entail. Someone had to help the patient make a plan for his illness and recovery, to assist him in dealing with the essential bits of business which have to be

attended to in any welfare state, and to seek on his behalf, the particular kind of help which voluntary organisations and Government agencies could supply.

In our view such a social worker ought to be based on the health department and ordinarily available there, but should attend the chest clinic, especially when the new-patient sessions were held, and also take part in a good deal of the general case work of the health department. Much had been done in a temporary and informal way, to meet these needs and we had therefore a firm basis of experience to guide us. By the end of the year, the Health Committee had approved a recommendation for the appointment of a "case assistant" and in the succeeding report, it is hoped to comment on the work carried out by the holder of this new appointment.

Dr. Sita Lumsden reporting on the Section 28 aspects of his work writes:

#### "CONTACT EXAMINATION

The examination of contacts of known cases has always been considered a valuable method of detecting unsuspected sufferers from the disease and of preventing its spread. With considerable enthusiasm, energy and perseverance the two full-time tuberculosis health visitors have endeavoured to secure the attendance for examination of all members of the patient's family and of any other close contact at home or at work.

The growth of contact examination is shown by the following figures:—

		1938	1951
New notifications (all forms)	...	162	145
(Inward transfers excepted)			
Contacts examined	... ..	220	462
Contacts found to have tuberculosis		4	15

This account is amplified and illustrated by the following extract from an article which he contributed to the "Journal of Health Education" Vol. IX, No. 2, April 1951 entitled "How Tuberculosis Claims its Victims." Its reproduction here is by courtesy of the Central Council of Health Education and the Editor of the Journal.

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#### "THE DANGER TO CHILDREN.

The closer the contact the greater the risk, particularly if the infectious patient's standards of hygiene and living conditions are bad. An open case of pulmonary tuberculosis in the home constitutes a grave



danger to any persons under the age of 30 living in contact with him, and especially to those who have not yet undergone their primary infection and are still tuberculin-negative. The most serious risk is to children under five. Examination of the contacts of young children with severe forms of tuberculosis, such as acute miliary disease and meningitis, reveals in eight cases out of ten the presence of a previously unsuspected case of tubercle in the same house. In the ninth case there is either a known patient in the house, or a relative or friend suffering from phthisis with whom the child has recently been in contact. In only one case in ten at this age is the infective agent not discovered when a thorough search is made. The infector of the young child is usually one of the parents, but not infrequently a grandfather. Less commonly it is an elder brother or sister, an uncle or aunt, the lodger, a patient in the neighbouring flat, or a man in the house next door. Sometimes a careful history will reveal that during the previous two or three months the child had been taken to see a sick relative or friend, known or suspected to be suffering from tuberculosis, with the intention of cheering up the invalid. Even a short exposure may lead to severe infection, as can be seen from some of the following case-histories.

1. A brother and sister, aged four and five, developed severe tubercle of the lungs necessitating for each a stay in hospital of more than a year. The mother, father and an aunt living in the house were found to be healthy, and the family history was clear of phthisis. Other contacts were denied, but the health visitor discovered that a young Irishman had been lodging in the house for ten weeks, and examination showed him to be suffering from advanced tuberculosis of the lungs.

2. A girl of five was taken for an afternoon visit to friends, one of whom had recently come under observation for a "doubtful spot on the lung." Six weeks later the child developed painful red lumps on the shins (erythema nodosum) and a cough, and was found to be suffering from primary lung tuberculosis.

3. A mother took her child of four to stay for a week-end with a friend of hers suffering from pulmonary tuberculosis. They stayed from Saturday mid-day till Sunday afternoon. Three months later the boy was dead from meningitis.

4. A soldier under treatment at a sanatorium was temporarily discharged for three months' leave, and came to stay with a relative. Instead of resting quietly and taking short regular walks as instructed, he would play with the children in the street and invite them into the house. Two of them developed severe forms of tuberculosis.

5. A boy of three was admitted to one of my beds from London with inflamed glands of the chest. The family history was that one brother and a sister had died of meningitis, one sister had had inflamed abdominal glands, and one had died of broncho-pneumonia. The father, who had "chronic bronchitis" and was believed to have infected the whole family, had repeatedly refused examination or to take any precautions.

6. A woman, just discovered to have tuberculosis, was put to bed at home while awaiting admission to hospital. She denied having any sputum. Her son aged two had not been infected and the mother was strongly urged to send him to relatives or allow him to be boarded out under the local authority's scheme, at least until she was admitted to hospital. It was hoped after adequate isolation to vaccinate the boy against tuberculosis with B.C.G. The mother repeatedly refused to let him leave.

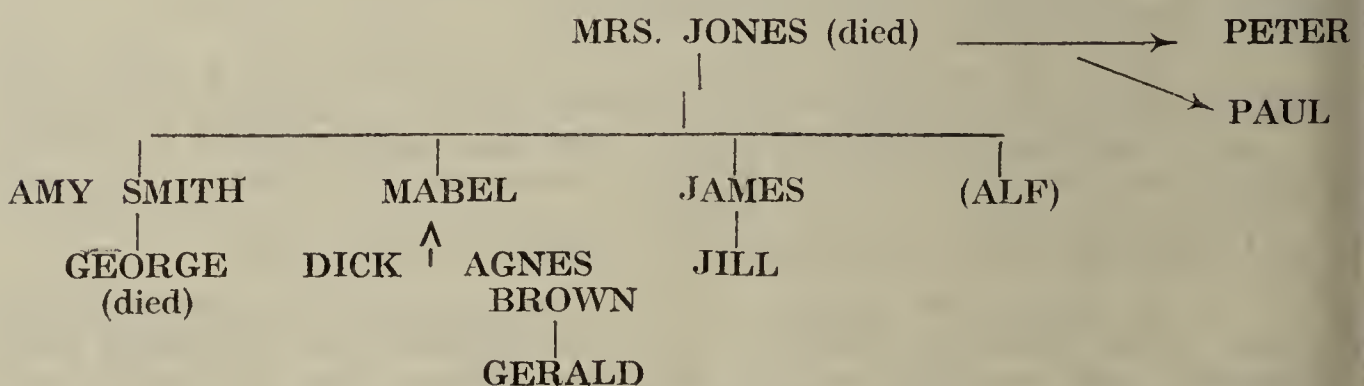
the house but promised that he should never enter her room. She warned that if the child wandered into her room he might die. One day the health visitor found him playing on the floor by the mother's bed. He had to be taken away after all, for a month later he had developed acute tuberculosis of the lungs.

Thus may the misguided sentimentality and selfishness of a parent do grave harm to her child. Undoubtedly ignorance, stupidity and contempt for expert advice are handmaidens of the tubercle bacillus.

### ONE CASE LED TO TEN MORE

7. Mrs. "Jones," a middle-aged woman, became very ill with phthisis. She refused to leave home or have any kind of treatment. Her four children were well when examined at that time. She was careless in her habits and within a year her son James had developed tuberculosis and underwent treatment in hospital. Ten months later "George Smith," aged two, son of Mrs. Jones' daughter Amy, died of tuberculous meningitis, and Amy was discovered to have an early lung lesion. Meanwhile James had defaulted from treatment and his girl-friend Jill was taken into hospital a few months later with wet pleurisy. Mrs. Jones's other daughter, Mabel, who had remained under supervision while living with friends, used frequently to visit her mother against the doctor's advice. Mabel eventually broke down and not long afterwards her fiancé, Dick, was notified by the Army as suffering from tuberculosis. The only bright spot in this sad story is that Mrs. Jones agreed when she became ill that her youngest child, Alf, should be taken care of in a residential school. He had just been infected, but successfully overcame his primary infection and remains very well to-day.

There is, however, an epilogue. When called the other day to see a young woman, "Agnes Brown," who was spitting up blood and tubercle bacilli, I found that until recently Mabel had been living with her. Of Mrs. Brown's children, five had been infected and one was in need of hospital treatment. In addition to these cases two brothers, Peter and Paul, had during this time developed erythema nodosum. Though never able definitely to establish the source of their infection I feel that they were probably infected by the Jones family, of whom their parents were friends. Thus ten new cases of tuberculosis were traced who had had direct or indirect contact with the original case.





## UNDETECTED CASES

In many instances of childhood infection the infector is a previously unknown case, and all too frequently tuberculosis in a parent is first discovered through the illness of his child. In my experience the patient who knows he has tubercle is much less dangerous than the unsuspecting case, justifying the careful instruction in personal hygiene given every new patient by chest physician and health visitor. This is one reason why it has been found actually safer for a young woman to nurse in a chest hospital or sanatorium than in the general wards. The sanatorium patients are known to have tuberculosis and appropriate safeguards are therefore taken. The wards are light and airy and working conditions usually good. No tuberculin-negative nurse should be allowed to work in the tuberculosis wards, and the nurses' health should be, and usually is, carefully watched by frequent medical examination and X-ray. The tuberculin-negative nurse is now generally offered vaccination with B.C.G. The danger in the general wards is that an undiagnosed case of tuberculosis may be admitted, and even discharged still undetected. There are also many persons walking about with undiagnosed phthisis who constitute a grave danger to the community. The more chronic among them form a constant reservoir of infection, maintaining the disease in an endemic state throughout the country with here and there small, localised epidemics in homes, schools and factories."

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Of other measures Dr. Sita Lumsden reports:—

## B.C.G. VACCINATION

"Contact examination has been given further impetus by the campaign for vaccination with the Bacillus-Calmette-Guerin (B.C.G.) in children or young persons recently in contact with an active case but not yet themselves infected. During 1951, 135 contacts in the County Borough were vaccinated with B.C.G., all successfully, with the subsequent development of tuberculin sensitivity. There were no untoward reactions apart from small ulcers in one or two cases which healed in a few weeks. So far, no child vaccinated with B.C.G. has developed any tuberculous lesion, even in cases where continuing contact with an open case has been unavoidable. The policy of segregating a child from its tuberculous contact while undergoing B.C.G. vaccination has been greatly assisted by the decrease in the waiting list for hospital admission, and it has been the aim wherever possible to remove an infectious case to hospital rather than to take the child contact out of the home.

## MASS RADIOGRAPHY

"Mass Radiography Unit No. 6C from Chelmsford visited the Borough from November 1950 to February 1951, later touring the surrounding area of South-East Essex. 11,400 persons from the County Borough were X-rayed and 76 were referred to the chest clinic. Of these, 25, after clinical examination, were thought to be suffering from active or possibly active tuberculosis, and were notified, 10 in 1950 and 15 in 1951. The highest proportion of these notifiable cases was obtained from the public sessions held at the Municipal College. Eight were in need of immediate domiciliary or institutional treatment and the remaining 17 were kept under observation.

## TUBERCULOSIS STAFF CONFERENCE

"The value of this conference in providing the closest and most equitable means of solving problems of the individual patient and framing policy in regard to tuberculosis control generally was greater than ever during 1951. Details of the conference were given in the report for 1950, (pages 33 and 48).

The Conference considered the circumstances of 142 separate families many of whom were under continuous review. Numerous recommendations were made to the Housing Committee from whom they received a sympathetic reception.

The domestic help scheme continued to work well and was of the greatest assistance in the carrying out of domiciliary treatment as well as in the convalescence and rehabilitation of the patient. 88 patients were treated at home for varying periods of time by chemotherapy usually in conjunction with periods of hospital treatment. This was only possible because of the whole-hearted co-operation of the home nursing service, health visitors, ambulance and hospital car services.

In conclusion, 1951 was a year of continued expansion and consolidation of the tuberculosis services, both as regards diagnosis and treatment, and prevention, care and after-care. The chief events were the fall in mortality from all forms of tuberculosis by 19% and the marked fall in new cases in spite of the additional facilities for ascertainment provided by the visit of the mass radiography unit."

*Other measures* of prevention and after care of tuberculosis include the provision of free milk for patients undergoing domiciliary treatment or supervision and the work of the Tuberculosis After-Care Sub-Committee of the Southend-on-Sea Civic Guild of Help to whose funds the Council made a grant of £500 during the year.

Miss Thompson, B.Sc., the Secretary, has kindly furnished the following particulars of work undertaken by her organisation.



## TUBERCULOSIS AFTER-CARE

Type of Assistance	Number Assisted	Cost		
		£	s.	d.
Clothing ... ..	51	149	18	11
Travel vouchers to visit patients in Hospitals and Sanatoria ... ..	29	39	8	6
Bedding (to enable patients to occupy separate rooms) and towels ...	12	46	7	7
Domestic assistance not available under official scheme ... ..	13	165	2	0
Laundry ... ..	6	6	18	3
Dressing gown material ... ..		30	16	9
Miscellaneous ... ..	29	77	6	4
Totals ...	140	£515	18	4

## OTHER CONDITIONS

The provision of nursing requisites is done primarily through the St. John Ambulance Brigade which has a very useful loan cupboard. This work is assisted by grants from the Council and the arrangement which is economical and devoid of administrative complications has been satisfactory. Specialised and expensive items of equipment required for particular patients, are provided direct by the Health Committee, and the charges made for their loan usually cease when the initial cost of the equipment has been met.

Convalescent care is provided when recommended by medical practitioners and charges made in accordance with the Committee's scale. The powers of this section are also utilised to provide residential after-care for patients who, on discharge from mental hospitals are unable to resume their ordinary life.

The Therapeutic Social Club, founded by Dr. Ström-Olsen and the Runwell Mental Hospital psychiatric social workers is assisted financially by the Council. It continued its beneficial work and everyone was delighted when the club was able to return to its former premises at 4, Nelson Street, this time as the tenants of the British Red Cross Society.

## CONVALESCENT AND AFTER-CARE HOMES

From 1st January to 31st December 36 patients were provided with treatment in convalescent homes for periods varying from one week to two months at a total cost of £282 13s. 2d. towards which patients or their liable relatives were required to refund £84 4s. 1d.

During the same period 6 patients were provided with accommodation in mental after-care homes of the Mental After-Care Association at a net cost of £198 0s. 6d.

## HOME NURSING REQUISITES

Mr. Clitter, Superintendent of the local division of the St. John Ambulance Brigade, has kindly supplied the following information relating to home nursing requisites loaned during the year.

Patients assisted	...	...	...	...	769
Articles loaned	...	...	...	...	1,039
Average period of loan	...	...	...	...	1 month

The articles loaned were bed-pans, urinals, air-rings, waterproof sheets, hot water bottles, air beds, water beds, back rests, bed cradles, bed tables, wheel chairs, etc.

## RECOVERY OF CHARGES

Under the National Health Service Act the Council may make charges for certain services and articles. The matters of chief concern are the provision of Domestic Help, Convalescent and Recuperative Holidays and the supply of milk to tuberculosis patients. In assessing these charges, the Health Committee have broadly followed the recommendations made by the financial advisers to the local authorities, reserving to themselves the right to depart from the scales where their application would result in either hardship or injustice.

From time to time, modifications have been made so as to take into account the altered basis of assistance adopted by Statutory bodies. In December the Council accepted a report from the Health Committee which drew attention to the serious effect on large families of the inadequate allowance made by the scale in respect of children, and agreed that the scale allowance for each child should be raised from 7/6d. to 15/- per week, and where there was only one adult parent, the scale allowance should be raised from 15/- to 25/- per week.

## SECTION 29—DOMESTIC HELP

The consolidation and planned growth of this service has continued, a total of 141,868 women-hours being available as compared with 138,024 in 1950; an increase of 2.8 per cent. The influenza outbreak in January placed a great strain on the organisation by reason of additional calls for assistance, and the illnesses of the workers themselves, but these difficulties were overcome in a highly creditable way. The experience of the year confirmed the conclusions previously reached.

An economic service requires a nucleus of whole time workers, principally for maternity cases, and a solid reliable majority of part time workers. It is important promptly to investigate all requests for assistance and inform applicants as to what help will be forthcoming—when it will be available—and, if possible, for how long. To refuse assistance is preferable to uncertainty and equivocation. Once assistance is provided, frequent visits by the supervisory staff are the best means



of avoiding difficulties. The commonest of these are disputes about the hours worked, and complaints of unreasonable requirements from the workers. Some householders look on the introduction of a worker as an opportunity for overtaking arrears of cleaning occasioned by their own indifference or preoccupation with other matters. Of course, this is what we often need to do for some old folk and it is usually undertaken cheerfully by the workers, but attempts to exploit the service are properly resented.

Nothing has happened to change our opinion about the desirability of arranging as far as possible that some payment is made for the assistance given. All too often, help which is obtained without direct and overt payment is not properly valued; the implications of this fact have never been fairly faced by many well-intentioned theorists.

The proportion of the expenditure on this service, which is recovered from persons assisted by it remains satisfactory, last year it was 26 per cent. This feat of collection has been achieved with very little recourse to legal formality and is a tribute to the administrative arrangements and the way in which they are carried out, as well as to the care and realism with which the charges are assessed.

In May the Council approved the appointment of an assistant supervisor of Home and Domestic Helps, and in July the wages of the workers were raised by 1½d. per hour. In December the full cost charge for the service was raised from 2/3d. to 2/6d. per hour.

#### DOMESTIC AND HOME HELP SCHEME 1951

*The following Staff were employed :—*

			on 1/1/51		on 31/12/51
Full time	...	...	26	...	19
Part time	...	...	91	...	100
Casual	...	...	2	...	1
			<hr/> 119		<hr/> 120

*Number of cases assisted :—*

Domestic Help Cases	...	...	634
Home Help Cases	...	...	257
	of these		
515	were assisted	under 1 month	
120	"	" 1—3 months	
113	"	" 3—6 months	
77	"	" over 6 months	
66	"	" over 12 months	

<i>Assessments</i>	D.H.	H.H.
FREE ... ..	107	9
10/- per week and under ...	174	38
Over 10/- and under £1 ...	98	68
£1—£1 10s. ... ..	46	64
Over £1 10s.—£2 ... ..	16	24
Over £2—£3 ... ..	16	21
Over £3—£4 ... ..	4	15
FULL COSTS ... ..	173	18

	D.H.	H.H.
<i>Total Wages Paid</i>	£12,427 15 6	£2,177 9 11
<i>Total Collections</i>	£4,054 13 3	£686 0 8

## SECTION 51—MENTAL HEALTH SERVICE

The organisation of your Mental Health Service was fully described in the Report for 1950, for which reason, the information requested by Circular 42/51 is briefly summarised below.

*Administration.* There is no Mental Health Sub-Committee, the Council's duties being discharged by the Prevention, Care and After-Care Sub-Committee of the Health Committee. This arrangement continues to work well.

*Staff.* A mental deficiency officer (woman) who holds the Social Studies Certificate (London University) and two duly authorised officers (men), all of whom are employed full time on mental health duties. The M.O.H. and his deputy, who are designated as duly authorised officers, personally supervise and co-ordinate the work of this section. Two other medical officers are also designated, but are only called upon in emergency.

*Co-ordination with other agencies.* This is chiefly informal, and is promoted by certain members of the Health Committee being also members of the Hospital Management Committees in the area. The M.O.H. is now a member of the Runwell Hospital Management Committee, having been nominated by the medical staff. There is no joint use of officers, but the Runwell Hospital medical staff increasingly ask the duly authorised officers to report on the home circumstances of patients, and to do after-care work. The mental deficiency officer supervises all defectives on trial or licence from certified institutions. No duties are delegated to Voluntary Associations, and no further arrangements for the training of mental health workers have been made.



*General.* The mental health services have continued to develop satisfactorily along the lines decided in 1948, and there is reason to believe that the arrangements now made by the Council under the National Health Service Act are already an advance on what obtained previously. The duly authorised officers have gained the complete confidence of the general practitioners and the medical staff of the hospitals, and this is shown in the most convincing way by increased calls for their services.

This attitude is not confined to the medical profession. Many patients suffering from mental illness have recurring episodes when they need help and re-admission to hospital ; increasingly their relatives turn to the duly authorised officers as to a tried friend, and some patients come to us on their own initiative when they feel their needs are urgent.

Notwithstanding an increase of 29 beds at Rochford, a continuing shortage of hospital beds, particularly for women, is a most disturbing feature. Admissions are sometimes delayed just when treatment would be most effective, and it has been necessary to use Section 20 procedure to secure admission to Rochford General Hospital, when admission to Runwell Hospital would have been preferred. In particular, direct admission to Runwell is desired for most young patients requiring hospital treatment, but during the year, 7 patients between the ages of 20 and 25 had to be dealt with under Section 20 because there were no beds for them at Runwell. Sometimes the reverse has occurred and a patient eminently suitable for Rochford has had to be "certified" in order to secure admission to Runwell. The removal of certain mental defectives from the observation wards at Rochford would enable better use to be made of this accommodation, with advantage to the whole area and to both hospitals. If the Regional Hospital Board could further supplement this by providing a half-way hostel for senile patients who require custodial care, and who are not suitable for Part II accommodation, expensive beds and highly skilled staff could be better used, and a more hopeful prospect offered to many patients and their sorely tried relatives.

Patients have been provided with accommodation in Homes conducted by the Mental After-Care Association as part of the after-care arrangements made under Section 28 of the National Health Service Act, and during the year 6 patients were dealt with in this way. In addition, all the resources of the department are available for the after-care of mental health service patients, according to their needs.

## MENTAL ILLNESS: WORK OF THE DULY AUTHORISED OFFICERS

*Patients admitted to Runwell Hospital:—*

Lunacy Act, 1890.					<i>Males</i>	<i>Females</i>	<i>Total</i>
(a)	Section 11.	Urgency Order	...	...	4	32	36
(b)	Section 16.	Summary Reception	...	...	23	50	73
Mental Treatment Act, 1930.							
(a)	Section 5.	Temporary Patients	...	...	4	9	13
(b)	Section 1.	Voluntary Patients	...	...	42	71	113
(c)	Section 1.	Voluntary Patients, direct admissions	...	...	21	32	53

*Patients admitted to Rochford General Hospital,  
Observation Wards :—*

Lunacy Act, 1890.						
Section 20 (3-day orders)	...	...	...	58	55	113
				<hr/>		
		Total	...	152	249	401

<i>Cases referred to the Department in which no statutory action was taken</i> ... ..	59	125	184
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Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946	...	...	1,772
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Of the 113 patients admitted to Rochford General Hospital pursuant to Section 20, Lunacy Act, 1890, 19 were aged between 70 and 75 years, and 38 were aged 75 years or over. The disposal of patients so admitted including 18 remaining in hospital at 31.12.50. was as follows:

Transferred to Runwell Hospital as	Certified patients	...	9
"    "    "    "	Voluntary patients		12
"    "    "    "	Temporary patients		3
"    "    Connaught House	...	...	9
"    "    General Wards, Rochford	...	...	12
Died in Rochford Hospital	...	...	31
Discharged c/o relatives	...	...	39
Remaining on 31.12.51	...	...	16
			<hr/> 131

Of the patients not requiring statutory action, 24 were referred for admission to Part III accommodation, 52 were referred to Psychiatric Out-Patients Clinic and 4 were admitted to General Hospitals: 22 were noted for domiciliary visits.



# Patients Admitted to Runwell and Rochford Hospitals, 1951

53

	Under 16	16	20	25	30	MALE										Total	Under 16	16	20	25	30	FEMALE										Over 75	Total
						35	40	45	50	55	60	65	70	75	35							40	45	50	55	60	65	70	75				
Certified Sec. 16 L.A. 1890	1	—	—	1	1	1	2	2	2	3	5	3	—	23	—	1	1	3	2	3	3	4	7	4	2	6	7	4	6	50			
*Urgency Sec. II. L.A. 1890	—	—	1	—	—	—	—	—	1	1	—	—	4	4	—	3	1	2	2	6	2	4	1	2	2	4	3	—	32				
Temporary Sec. ... 5 M.T.A. 1930	—	—	—	—	—	—	—	2	—	—	1	1	4	4	—	—	1	—	2	2	—	—	—	—	—	—	—	3	9				
Voluntary Sec. ... 1 M.T.A. 1930	—	5	6	3	7	—	1	4	3	2	5	3	3	42	1	3	1	5	8	4	4	12	5	8	3	8	3	4	71				
Rochford Hospital Sec. 20 L.A. 1890	—	2	8	—	3	1	3	4	3	2	3	4	6	58	—	—	—	—	1	3	3	2	3	2	5	4	13	19	55				
TOTAL	1	7	15	4	11	2	6	12	9	8	14	11	9	131	1	7	4	10	12	22	13	17	20	11	21	23	24	32	217				
Direct Voluntary ... (not requiring action by the department)	—	—	2	2	2	1	—	2	4	2	1	4	—	21	—	—	2	2	3	4	4	2	3	4	3	3	2	—	32				
TOTAL	1	7	17	6	13	3	6	14	13	10	15	15	9	152	1	7	6	12	15	26	17	19	23	15	24	26	26	32	249				

\* NOTE. An Urgency Order (Sect. II) is only operative for 7 days, and patients admitted pursuant to Sect. II must thereafter be disposed of under other provisions, namely, Sect. 16 or Mental Treatment Act 1930, Sect. 1. Thus while there were 235 admission procedures to Runwell Hospital undertaken by the dept. only 199 individuals were involved.

INDIVIDUAL PATIENTS ADMITTED TO RUNWELL HOSPITAL.  
FOLLOWING ACTION BY THE DEPARTMENT

1st Admissions	...	...	...	86
2nd	"	...	...	49
3rd	"	...	...	30
4th	"	...	...	10
5th	"	...	...	9
6th	"	...	...	8
7th	"	...	...	2
8th	"	...	...	3
9th	"	...	...	2

Total ... 199

<i>Sources of referral</i>	<i>Admitted Runwell Hospital</i>	<i>Admitted Rochford Hospital</i>	<i>No Statutory Action</i>
Doctors ... ..	121	60	69
Relatives, friends ... ..	16	15	62
Southend General Hospital— Psychiatric Out-Patients Clinic ...	22	4	8
Southend General Hospital— Other ... ..	18	6	2
Police ... ..	14	28	9
Child Guidance Clinic ... ..	1	—	—
National Assistance Board ... ..	3	—	11
Patients' application ... ..	3	—	—
Other agencies ... ..	1	—	10
Other sections of Public Health Depart- ment ... ..	—	—	13
	<u>199</u>	<u>113</u>	<u>184</u>

### MENTAL DEFICIENCY

This section of the mental health services is supervised by the deputy M.O.H., Dr. J. C. Preston. Most of the field work and a good deal of administration is undertaken by the mental deficiency officer, but the duly authorised officers also play a limited part. They visited 72 male defectives, making 295 visits during the year.

All community care for patients on licence from institutions is undertaken by this section, with complete satisfaction to the various Managers.

The provision of institutional care continues to be a problem, and in spite of the assistance of the Regional Hospital Boards' officers and the helpful attitude of the physician superintendents of institutions, the proper disposal of defectives has been a continuing anxiety, which is particularly acute in regard to "place of safety" patients.

The number awaiting admission to institutions at the end of the year, remained unchanged at 38, but even this apparent equilibrium is worse than it appears. The institutions find it easier to make vacancies for the higher grades of defect, so that the waiting list comes to include



a growing proportion of lower grade cases who become more and more of a problem to their harassed families as they grow older.

The parents of these children are beginning to realise the effectiveness of organised action, and a branch of the Association of Parents of Backward Children has recently been formed in the area. The local health authority looks forward to co-operation with this new organisation.

The need for a day occupation centre for ineducable children of school age has been referred to previously. In forming their estimates for the coming year, the Committee have made provision for establishing an occupation centre providing suitable premises can be rented.

### MENTAL DEFICIENCY 1/1/51 to 31/12/51

	Males	Females	Total
Number on Register at end of year ... ..	198	190	388
INSTITUTIONAL CARE AS ON 31ST DEC. 1951—	Males	Females	Total
Leybourne Grange ... ..	1	—	1
Royal Eastern Counties Institution ... ..	42	26	68
South Ockendon Institution and branches ... ..	13	21	34
Royal Earlswood Institution ... ..	4	2	6
Hortham Colony ... ..	1	3	4
Princess Christian's Farm Colony ... ..	2	2	4
Stretton Hall ... ..	1	—	1
Stoke Park Colony ... ..	—	—	—
St. Mary's, Alton ... ..	—	1	1
Harmston Hall Colony ... ..	1	—	1
St. Theresa's ... ..	—	2	2
Royal Western Counties Institution ... ..	1	—	1
St. Raphael's ... ..	1	1	2
Little Plumstead Hall ... ..	—	1	1
Rampton Hospital ... ..	2	—	2
Rochford General Hospital ... ..	6	4	10
Connaught House (Part III Accommodation) ... ..	2	4	6
Field Place Approved Home ... ..	1	1	2
Larkfield Hall Approved Home ... ..	—	1	1
Hamilton Lodge Approved Home ... ..	3	—	3
Other residential accommodation ... ..	1	3	4
Total ...	82	72	154

### COMMUNITY CARE

#### Ascertainment

New cases reported and investigated during the Year 1951.

Referred by:—

	Males	Females	Total
1. Notified under Education Act. Section 57 ...	4	7	11
2. National Assistance Board ... ..	1	—	1
3. Hospital or medical attendant ... ..	1	—	1
4. Relatives ... ..	1	—	1
5. Police ... ..	—	—	—
6. Other Local Authorities on removal ... ..	2	3	5
7. Other sources ... ..	7	2	9
	16	12	28

Disposal of cases reported during the year.				Males	Females	Total
1.	Admitted to Institutions (by Order)	...	...	—	1	1
2.	Admitted to Approved Homes	...	...	1	—	1
3.	Placed under Statutory Supervision	...	...	6	7	13
4.	Placed under Voluntary Supervision	...	...	9	3	12
5.	Found not mentally defective	...	...	—	—	—
6.	Died or removed from area	...	...	—	1	1
7.	Action not yet taken	...	...	—	—	—
				16	12	28

				Males	Females	Total
Total number of defectives under Community Care on 31.12.51				116	118	234
Total number awaiting admission to M.D. Institutions				18	20	38

### GUARDIANSHIP AND SUPERVISION AS ON 31/12/51

				Males	Females	Total
Cases under Guardianship within the Borough				3	—	3
Cases under Guardianship outside the Borough				—	—	—
In Places of Safety				—	1	1
Under Statutory Supervision				69	69	138
Under Voluntary Supervision				35	41	76
On licence from Institutions				9	7	16
				116	118	234

				Males	Females	Total
Guardianship Cases supervised on behalf of other Authorities during the year				1	5	6
Licence cases from other Authorities				2	2	4

### INFECTIOUS DISEASES

The Deputy Medical Officer of Health continues, as he has done during the last twelve years, to take charge of the infectious diseases hospital in the absence of the physician-superintendent, and it would be difficult to decide who is the more indebted to him for this service, the Medical Officer of Health or the Management Committee. This arrangement does something to minimise, but not repair, the effects of the separation of the hospital from the department, and although it is far from being ideal, it is not one which the writer would like to see discontinued. In return for this help, the physician-superintendent undertakes certain epidemiological work which is readily done on the occasion of the domiciliary visit by him, necessitated by the present lack of an admission unit at the hospital.

It is proper to observe that under this arrangement the Medical Officer of Health is making use, in the discharge of his statutory duties, of an officer over whom he has no administrative control whatsoever,



and to whom he cannot give instructions. Thus far, good sense and reasonableness have avoided major difficulties but it would be misleading to suggest that the old cohesion and unity of direction now exist. There are changes of emphasis which though imponderable, are not unimportant. The management of infectious diseases in a community is something more than their efficient clinical treatment, and the clinician has a somewhat different outlook than the epidemiologist who is also a clinician.

The following table shows the number of corrected notifications received during the year :—

Scarlet Fever	...	...	...	...	279
Whooping Cough	...	...	...	...	750
Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	4,027
Diphtheria	...	...	...	...	1
Pneumonia	...	...	...	...	279
Dysentery	...	...	...	...	25
Polio-Encephalitis	...	...	...	...	—
Typhoid	...	...	...	...	—
Paratyphoid " B "	...	...	...	...	3
Erysipelas	...	...	...	...	49
Meningococcal Infection	...	...	...	...	10
Food Poisoning	...	...	...	...	17
Puerperal Pyrexia	...	...	...	...	7
Ophthalmia Neonatorum	...	...	...	...	3
Jaundice	...	...	...	...	37
Puerperal Fever	...	...	...	...	1
					<hr/> 5,488 <hr/>

## SCARLET FEVER

This year, although the average incidence was generally higher, there was no epidemic. From the middle of November onwards, the number of notifications rose owing to an outbreak localised in Shoeburyness, where there was some evidence of school-spread. The disease continued to be relatively mild, and few complications of importance came to our notice.

## WHOOPING COUGH

While there was no clearly defined outbreak of whooping cough, the total of notifications was the second highest (750) since it was made notifiable in 1940. There was sustained constant incidence following on the epidemic of the previous year, which continued as late as August. One child died from broncho-pneumonia complicating whooping cough. Opinions about the relative incidence of some of these common

infections of early life are somewhat difficult to form because since the war an increased number of births has produced a higher population "at risk," and the free medical service of to-day undoubtedly favours a completer notification of cases.

## MEASLES

A major outbreak, heralded in the previous September by a rise in the London notifications, developed early in the year. The notifications began to rise in the second week and in the twelfth week they were in excess of 450. Thereafter they fell sharply, with a minor peak between the nineteenth and twenty-first weeks of the year; the epidemic finally ended about the twenty-sixth week.

Although there were a total of 4,027 notifications, no deaths were attributable to this cause.

## DIPHTHERIA

Diphtheria returned unexpectedly and for reasons which remain unexplained. A child aged 7 months was admitted in a dying condition to the Southend General Hospital. The post-mortem examination ordered by the Coroner showed the cause of death to be laryngeal and tracheo-bronchial diphtheria, and organisms isolated from the lesions were shown to be virulent by guinea-pig inoculation. There is no record of the child ever having received prophylactic immunisation and our enquiries revealed no information as to the source of infection. Enquiries brought no other cases to light.

## PNEUMONIA

The rise in notifications of pneumonia from 163 to 279 was associated with the outbreak of influenza which occurred at the beginning of the year.

## INFECTIVE HEPATITIS

The total of notifications, 37, was the lowest received since this disease became notifiable in 1944, although 1948 was another year of low incidence with only 41 notifications. There was a small increase in the percentage of cases notified from the 5-10 age group, but probably the most interesting feature was that nearly 60 per cent. of the cases occurred in patients over the age of 15. The incidence in each 4 week period, and the age distribution, are shown below.

Cases (four week periods)												
5	3	7	4	2	1	2	3	3	1	4	1	1
= 37												
Age Groups												
0 -	5 -			10 -			15 +					
—	11			4			22			= 37		
—	29.7%			10.8%			59.5%					



## INFLUENZA

Influenza, though infectious, is not notifiable and so information about it is less readily available than data concerning some other diseases. The notifications of "influenzal" pneumonia are, of course, helpful and in times of epidemic prevalence, the totals of sickness claims, furnished by courtesy of the Ministry of National Insurance, are a very good indication of the incidence among wage earners.

As has already been mentioned, notifications of pneumonia totalled 279 during the year, as compared with 163 last year. 165 (nearly 60% of them) were received in the first quarter of the year.

Sickness claims reached a peak by the end of the second week in January when they were about double the total for the corresponding weeks of January, 1950. Of 38 deaths from influenza, 37 occurred in the first quarter.

All the deaths were of people over 45 years of age. Three men and five women aged between 45 and 65 died from influenza, as did three men and six women in the 65-75 year age group. More than half the deaths (men 9 and women 12) were of people over the age of 65.

These facts do not completely reflect the impact of this outbreak on our population which bore very hardly on the aged. It is noteworthy that the total number of deaths registered in the first quarter of the year was about one-third higher at 600, than is usual, and it is unquestionable that the mortality ascribed, particularly in elderly people, to degenerative conditions of the heart and associated pathology of the lungs was hastened by the epidemic. The following tables are of interest.

Deaths	All Causes			Pneumonia			Influenza		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
4th quarter ...	414	427	—	12	10	—	—	1	—
1st quarter ...	—	600	451	—	29	17	—	37	1
2nd quarter ...	—	352	365	—	14	12	—	—	—
3rd quarter ...	—	281	280	—	1	8	—	—	—

## Weekly Notifications of Pneumonia

1950

1951

Week	40	41	42	43	44	45	46	47	48	49	50	51	52
Cases	1	3	1	1	3	3	1	1	2	4	4	4	4

1	2	3	4	5	6	7	8	9	10	11	12	13
6	21	7	23	14	26	11	21	7	12	9	11	4

## MENINGOCOCCAL MENINGITIS

There were 10 cases of meningococcal infection which occurred in two groups, in the spring and autumn respectively.

The first period from January to the beginning of May, produced 7 cases, of which 6 were children under 3 years of age, and the other a girl of 11 years. Autumn brought three cases, in October and November, when two children, aged 2 years and 4 years respectively and one adult aged 44 years, suffered from this disease. No connection was established between any of the patients and any other known case of meningitis.

A child, J.R., aged 4 months was treated at a general hospital and made a good recovery; meningococci were identified in the cerebrospinal fluid. She was the only surviving child; some three months previously the parents had lost another infant who died at home, the cause of death being certified as posterior basic meningitis. No bacteriological investigations or post-mortem examination had been made.

In children as young as these there is a presumption that the source of infection is in the home, rather than of exogenous origin, and it is possible that both suffered from meningococcal infection and that some member of the household was a carrier of the organism.

## FOOD POISONING

Little requires to be said on this topic. Staphylococcal toxin caused two associated cases and a satisfactory explanation for a group of three cases was never forthcoming. Of twelve single cases, a cause was identified for five, namely typhimurium three and staphylococci two.

## TUBERCULOSIS

As will be seen from the following observations by Dr. E. G. Sita Lumsden, consultant physician for tuberculosis, there was a reduction of 40, to 216, of all cases of tuberculosis coming to notice, and 71 of the patients came into the area, suffering from the disease. He comments favourably on the marked reduction of mortality and on the situation generally.

### *Notification*

"New notifications and inward transfers in 1951 were only 216, as compared with 256 in the previous year, and 231 in 1949. This is the first significant fall in morbidity since the War, and may represent the first fruit of a vigorous case-finding campaign which has been conducted in close co-operation during the last 3 or 4 years by the general practitioners, public health authority and chest clinic, resulting in the segregation and treatment of numerous infectious cases who might otherwise have remained undetected for longer periods.



The greatest incidence of tuberculosis in females continues to be between 15 and 25 years, after which new cases occur very infrequently. In men the peak still occurs a little later, and thereafter remains higher at all ages than in women. Presumably because of its relatively low annual rainfall and bracing climate, Southend continues to attract persons suffering from various chest complaints, including tuberculosis, asthma, chronic bronchitis and bronchiectasis, and for every 2 cases of tuberculosis arising in the Borough a third notified patient moves in from outside. Thus during 1951, the number of persons suffering from respiratory tuberculosis who came to live in Southend, was 65. Forty-three moved out and the excess of immigrants was 22. Of the 65 inward transfers, 20 came from London and 18 from other parts of Essex.

Of the new notifications, 7 or 3.3% of the total, were made after the death of the patient, thus put in another way, 17% of the deaths from respiratory tuberculosis occurred in previously un-notified patients; this is the same as the National figure. Details of the posthumous notifications are :—

1. Male, aged 48, in general hospital with chronic bronchitis and bronchiectasis; pulmonary tuberculosis discovered at autopsy.
2. Male, aged 81, disease discovered shortly before death and notified at death.
3. Male, aged 77, in mental hospital with Huntington's chorea; tuberculosis discovered at autopsy.
4. Male, aged 31, in mental hospital with schizophrenia; tuberculosis discovered at autopsy.

Another 15 notifications can be attributed to the work of the Chelmsford Mass Radiography Unit, which visited the Borough between November 1950 and February 1951.

Deaths from tuberculosis continued to fall, those from the respiratory form reaching a new low level of 39; there were also 4 deaths from non-respiratory tuberculosis. The death rate from respiratory tuberculosis of 25.7 per 100,000 of the population fell to exactly half that of 1938 and compared favourably with the National rate for 1951 of 27.5. In these days more deaths occur in the older age groups than among younger people and it has to be borne in mind that this comparatively satisfactory figure was achieved in spite of the higher proportion of older persons living in this County Borough as compared with the standard population for the country. In calculating the standard death rates for Southend a comparability factor of 0.82 is applied; thus when the "crude" rate of 25.7 per 100,000 is adjusted by the comparability factor, we arrive at a comparative rate of 21.1 per 100,000.

A factor which must have an adverse effect upon the death rate is the constant migration of persons with known tuberculosis into the Borough from London and other parts of England, to which reference has already been made.



Five patients *notified* in 1951 died within 12 months of being notified ; for statistical purposes their deaths are attributed to pulmonary tuberculosis. One of them, however, suffered from cancer of the stomach, a second from diabetes, and a third died from a surgical operation and the fourth in a road accident. Only one of them, a patient, aged 82, died directly from his tuberculosis within a year of its discovery. Thus of 196 patients with respiratory tuberculosis 9 died within a year of coming to notice, and this contrasts favourably with the figures for 1938, when it is known that at least 25 of 140 newly notified persons died within 12 months of notification. This fall in the immediate mortality of tuberculosis is encouraging, and may be attributable partly to earlier diagnosis and more effective and widely-applied forms of treatment, and to increased resistance shown by the patient ; this possibly owing to improved nutrition and living conditions. A steady fall in tuberculosis mortality has been occurring since the middle of the last century, with temporary interruptions attributable to the two world wars. Since 1939 the decline has been accelerated and the death rate is now less than it would have been even had there been no second world war.

It must not be forgotten, however, that there has been an equally impressive decline in the mortality from all forms of respiratory disease, with the sole exception of lung cancer. The fall in tuberculosis mortality is thus part of a general increase of resistance to death in nearly all its forms which is evident from the increasing numbers of persons surviving beyond the age of 65. To keep tuberculosis in proper perspective it should not be forgotten that at least twice as many persons in this country die annually from chronic bronchitis.

The age at death from tuberculosis has continued to show the same trend, with peaks at 35-45 and again at 65 and over ; the former being largely due to females and the latter almost entirely due to males. Over three-quarters of the deaths in males occurred after the age of 45, whereas four-fifths of the female deaths occurred before this age. The excess of male (24) over female (15) occurs entirely after the age of 65. The high death rate from respiratory tuberculosis of males in this age group has given rise to much speculation, and it has been suggested that this particular generation has been exposed to specially heavy stress, having fought in the first world war, which eliminated many of its fitter members and damaged the lungs of many of its survivors by poison gas.

Comparison of *notifications* and *deaths* for the years 1938 and 1951, however, show that the *prevalence* of tuberculosis has not greatly decreased, whereas there has been a dramatic fall in the deaths. Thus tuberculosis would appear to have become a much less fatal disease during the last fifteen years.



*Tuberculosis Register.*

Number on Register 1.1.51	...		1,000
Transfers out	...	43	
Lost sight of, refused treatment	...	36	
Died	...	41	
Recovered	...	135	255
Transfers in, and returned after discharge	...	76	
Recovered case restored to Register	...	1	
New cases	...		222
Number on Register 31.12.51	...		967

There was thus a fall of 33, due chiefly to the removal of 135 names of recovered persons and a few who had been lost sight of.

The following table gives an analysis of the new cases notified from all sources during the year, and of the deaths which occurred during 1951. The information is set out graphically later on.

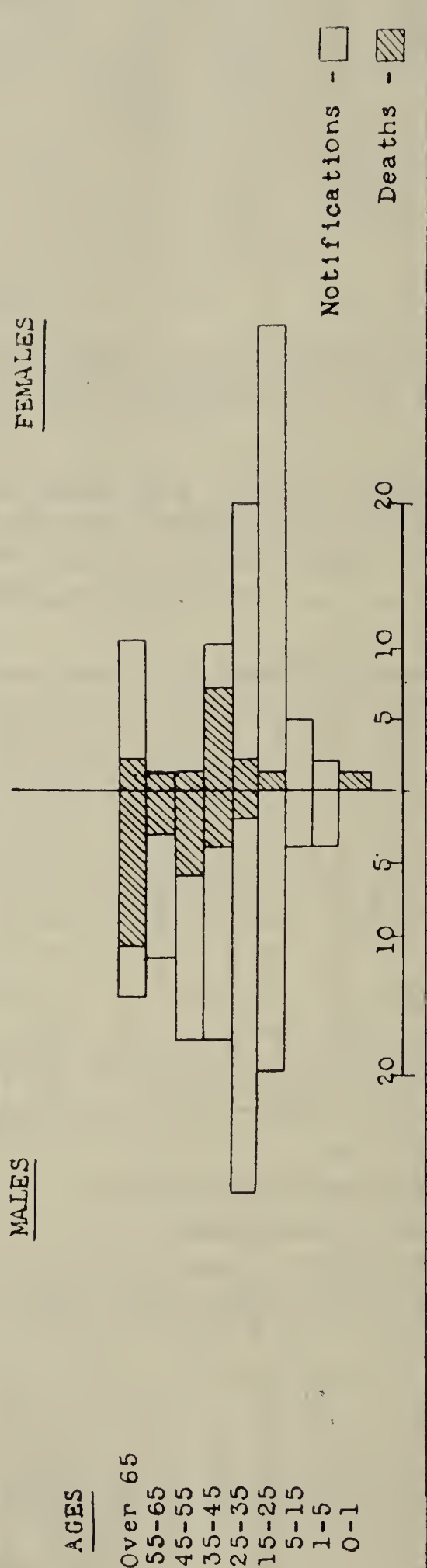
Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	1	—	—	—	1	—	—
1	4	2	1	1	—	—	—	1
5	4	5	3	3	—	—	—	—
15	18	33	3	3	—	1	—	1
25	16	20	—	3	2	2	—	—
35	27	10	—	2	4	7	—	—
45	16	6	—	—	6	—	—	1
55	11	—	—	—	3	2	—	—
65	—	—	—	—	—	—	—	—
and upwards	13	10	—	1	9	2	1	—
Totals ...	109	87	7	13	24	15	1	3

NOTIFICATIONS OF PULMONARY TUBERCULOSIS  
CLASSIFIED ACCORDING TO AGE GROUPS

Age Group	1938		1945		1946		1947		1948		1949		1950		1951	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	1	—	—	1	—	2	—	—	1
1	—	—	—	1	—	—	1	2	2	3	4	12	4	11	4	2
5	1	1	6	3	5	6	5	12	11	5	6	7	16	6	4	5
15	11	21	31	38	29	42	26	31	15	19	21	33	20	39	18	33
25	12	27	35	32	34	35	26	26	31	28	23	24	30	25	27	20
35	17	11	25	16	27	21	24	16	21	30	15	18	15	7	16	10
45	15	9	24	5	23	4	20	12	12	6	11	4	15	6	16	6
55	8	3	23	5	12	3	18	3	9	6	17	—	16	4	11	—
65	2	1	9	12	5	8	4	6	4	3	10	2	15	4	13	10
Totals ...	66	73	153	112	135	119	124	109	105	100	108	100	133	102	109	87

# RESPIRATORY TUBERCULOSIS.

## NOTIFICATIONS AND DEATHS BY AGE GROUPS



## ANNUAL DEATH RATES PER 100,000

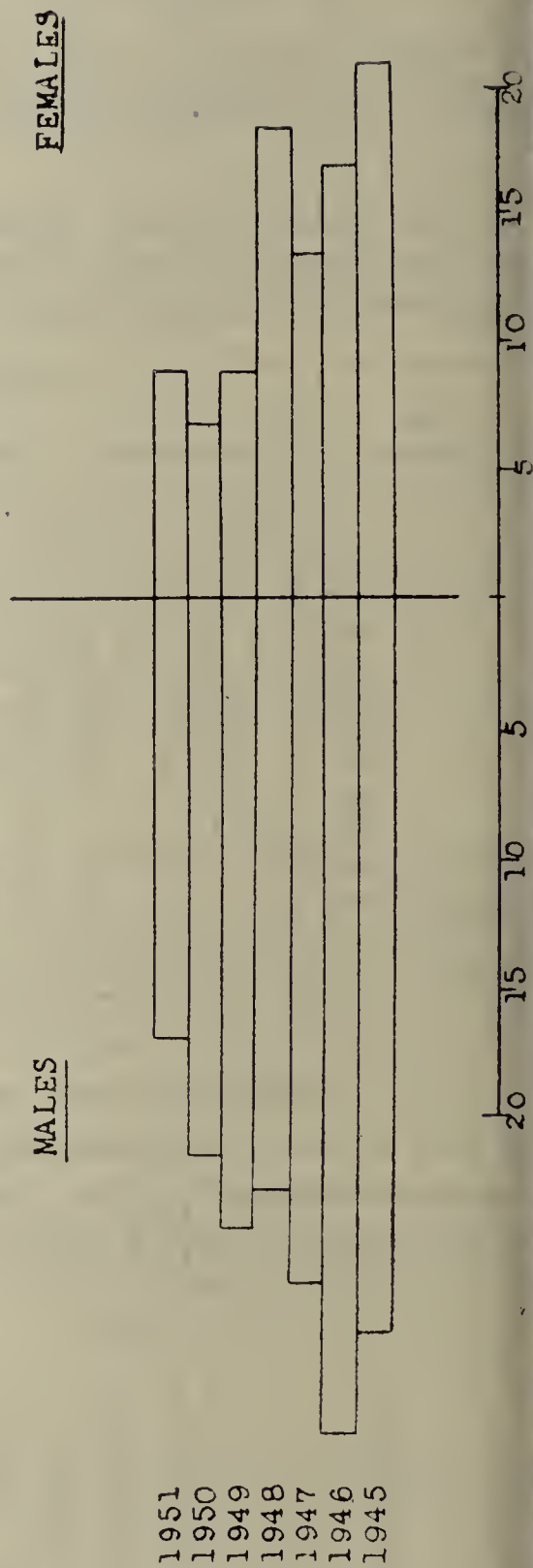




TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF PULMONARY  
TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1938	1945	1946	1947	1948	1949	1950	1951	1938	1945	1946	1947	1948	1949	1950	1951
0	—	—	—	—	—	0.9	1.5	—	—	—	—	0.9	—	—	—	—
1	—	—	—	0.8	1.9	3.7	3.0	3.6	—	0.9	—	1.8	3.0	12.0	10.8	1.2
5	1.5	3.9	3.7	4.0	10.5	5.6	12.0	3.6	1.4	2.7	5.0	11.0	5.0	7.0	5.9	2.3
5	16.7	20.2	21.5	21.0	14.3	19.4	15.0	16.5	28.8	33.9	35.3	28.5	19.0	33.0	38.2	5.8
5	18.2	22.9	25.2	21.0	29.5	21.3	22.6	24.8	37.0	28.5	29.4	23.9	28.0	24.0	24.5	37.8
5	25.8	16.4	20.0	19.4	20.0	13.9	11.3	14.7	15.0	14.3	17.7	14.7	30.0	18.0	6.9	23.0
5	22.7	15.7	17.0	16.1	11.4	10.2	11.3	14.7	12.3	4.5	3.4	11.0	6.0	4.0	5.9	11.5
5	12.1	15.0	8.9	14.5	8.6	15.7	12.0	10.2	4.1	4.5	2.5	2.7	6.0	—	3.9	6.9
5	3.0	5.9	3.7	3.2	3.8	9.3	11.3	11.9	1.4	10.7	6.7	5.5	3.0	2.0	3.9	11.5

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows :—

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1096
1948	446	367	37	41	37	28	40	30	483	395	77	71	1026
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843
1945	341	266	18	15	30	12	32	28	371	278	50	43	742

Note.—On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

## CANCER OF THE LUNG

One of the most striking trends of mortality statistics has been the rapid rise in deaths from cancer of the lung, shown clearly by the following table.

		<i>Population Southend-on-Sea</i>		<i>Deaths from Cancer of the Lung</i>		<i>Deaths from Respiratory Tuberculosis</i>
1938	...	138,100	...	29	...	69
1949	...	149,500	...	49	...	50
1950	...	152,400	...	56	...	45
1951	...	151,830	...	88	...	39

In 1951 it will be seen that there were more than twice as many deaths from lung cancer as from respiratory tuberculosis. If death after the age of 40 are considered there is a great increase of male over female deaths both from tuberculosis and cancer of the lung, and one cannot but speculate that there may be common factors at work, such as cigarette-smoking and chronic bronchitis. As will be seen from the table given below there is an excess of male over female deaths from all forms of respiratory disease, except pneumonia, and when the figures are further analysed it is seen that the excess of female death from this cause occurs at ages over 65. In Southend-on-Sea there is a considerable numerical preponderance of women in the older age groups, and "pneumonia" so-called is a frequent terminal event in the aged. For this reason it can be said that local experience does not conflict with what has been said about respiratory diseases bearing more hardly on the males.

## DEATHS FROM RESPIRATORY DISEASES 1951

					<i>Male</i>	<i>Female</i>
Pneumonia	...	...	...	...	62	87
Bronchitis	...	...	...	...	55	42
Tuberculosis	...	...	...	...	24	15
Lung Cancer	...	...	...	...	74	14
Other respiratory diseases	...	...	...	...	17	8

## TREATMENT

The welcome fall in a number of new cases, and the low rate of relapse among patients recently under treatment, contributed to the steady decrease in the waiting period for hospital treatment during 1951. It was not necessary to make such heavy calls upon the home nursing service as in the previous two years. Nevertheless, the policy of combining rest and drug treatment at home with periods of institutional care for special measures was continued during 1951, as the shortage of tuberculosis beds, especially for male and for chronic patients, remained acute in the rest of the Region, and it was therefore necessary for some of our beds in the Southend area to be made available to patients from London and other parts of the North-East Metropolitan Region.



The number of beds for tuberculosis attached to the chest clinic remained at 100, of which 72 were in the chest block at Rochford General Hospital and 28 at Westcliff Hospital. In addition, during 1951 a few beds were made available at Westcliff Hospital for the investigation of chest clinic patients.

The Chest Unit was recognised by the British Tuberculosis Association for the purposes of its nursing certificate, in conjunction with the London Chest Hospital, where the major surgical operations were carried out. We were fortunate in that the nursing staff was always sufficient to ensure that no tuberculosis bed had ever to stand empty. We were also fortunate in that there were never more than 2 or 3 persons occupying tuberculosis beds because they could not be discharged on account of their being homeless. There were, however, several patients outside hospital with chronic tuberculosis, unable to work, and living under unsatisfactory conditions, both in Southend and in the Essex County area. The provision of a hostel or other accommodation for these infectious patients on a county or regional basis under Part III of the National Assistance Act, 1948, remains a matter of urgency both on humanitarian grounds and as a public health measure.

#### RETURN SHOWING THE WORK OF THE CHEST CLINIC DURING THE YEAR 1951

		Pulmonary				Non-Pulmonary				Total				Grand Total	
		Adults		Children		Adults		Children		Adults		Children			
		M	F	M	F	M	F	M	F	M	F	M	F		
A	NEW CASES examined during the year (excluding Contacts)—														
(c)	Definitely tuber- culous ... ..		63	45	4	3	2	6	3	4	65	51	7	7	130
(b)	Non-tuberculous ...		—	—	—	—	—	—	—	—	490	478	67	54	1089
B	CONTACTS examined during the year :—														
(c)	Definitely tuber- culous ... ..		3	6	3	3	—	—	—	—	3	6	3	3	15
(b)	Non-tuberculous ...		—	—	—	—	—	—	—	—	144	180	78	60	462
C	CASES written off the Register as :														
(c)	Recovered ...		64	48	7	3	8	4	1	0	72	52	8	3	135
(b)	Non-tuberculous (in- cluding any such cases previously diag- nosed and entered on the Register as tuberculous)		1	—	—	—	—	—	—	—	1	—	—	—	1
D	NUMBER OF PERSONS on Register on December 31st :—														
(c)	Definitely tuber- culous ... ..		435	400	29	35	20	29	11	8	455	429	40	43	967

1. Number of persons on Register on January 1st ... ..	1,000
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	70
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" ... ..	70
4. Cases written off during the year as dead (all causes) ...	40
5. Number of visits by Consultant Chest Physician to homes (including personal consultations) ... ..	100
6. Number of "Recovered" cases restored to Register and included in A(a) and B(b) above ... ..	
7. Number of T.B. plus cases on Register on 31st December	100
December ... ..	100
8. Total number of visits made by Tuberculosis Health Visitors ... ..	3,920

### *Rochford Hospital*

Thirty-six male and 36 female beds in the S. F. Johnson Block were full throughout the year. Liaison with the country branch of the London Chest Hospital, Arlesey, continued to be very close and we have greatly benefitted from the arrangement made by our Consultant Thoracic Surgeon, Mr. Donald Barlow, M.S., F.R.C.S., whereby 1 surgical beds at Arlesey are set aside for Southend patients.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Admissions ... ..	163	126	289
Inductions:			
Artificial pneumothorax ... ..	43	41	84
Pneumoperitoneum ... ..	18	13	31
Thoracoscopy and adhesion section ...	37	35	72
Aspirations ... ..	90	107	197
Phrenic crush:			
In-patients ... ..	6	7	13
Out-patients ... ..	13	7	20
Bronchoscopies:			
In-patients ... ..	5	8	13
Out-patients ... ..	11	6	17
Refills:			
Artificial pneumothorax ... ..	865	1,312	2,177
Pneumoperitoneum ... ..	248	223	471
Extra-plural ... ..	15	69	84
Total of refills ... ..			2,732
Transferred for surgery ... ..	20	17	37
Extra-pleural ... ..	—	1	1
Thoracoplasty ... ..	16	9	25
Lobectomy ... ..	1	3	4
Pneumonectomy ... ..	2	2	4
Pericardectomy ... ..	—	1	1



### *Westcliff Hospital*

Twelve beds for children under the age of 10 years were maintained in Osborne Ward, although the demand for these beds became gradually less. The 16 beds previously used for the treatment of adult females were used for men in view of the greater demand for male beds throughout the region. Radiological apparatus was installed and it was then no longer necessary to bring patients to Lancaster House for X-Ray films. An arrangement was made with the Regional Board for the transfer of women patients from Rochford Hospital to Merivale Sanatorium for convalescence, and the Consultant Physician visited Merivale every few weeks for consultations with the Medical Superintendent about the treatment of Southend patients there.

The bed situation in the Southend area could be considered reasonably satisfactory, at a level of  $2\frac{1}{2}$  beds per annual death, were it not necessary to accept patients from less fortunate parts of the Region, in particular, London. However, thanks to the helpful attitude of the Regional Hospital Board we have always been able to admit an urgent case at short notice."

### VENEREAL DISEASES

By courtesy of the Southend Group Hospital Management Committee, a statistical return of the work done at the Venereal Diseases Treatment Centre is here included. The Centre serves a population which is probably in excess of a quarter of a million, and although some residents will undoubtedly avail themselves of treatment facilities provided in London, valid inferences about the trends of these diseases in the area can be made from the figures.

#### *Syphilis.*

No case of first year syphilis was treated, nor any child suffering from congenital disease, under the age of one year; two women treated for latent disease were discovered through routine blood examinations carried out at your ante-natal clinics.

#### *Gonorrhoea.*

There was no significant change compared with the previous year, in the number of patients found to be suffering from gonorrhoea.

#### *Non-venereal conditions.*

At the beginning of the year the number of patients under treatment for non-venereal conditions was twice as many as on January 1st, 1950, but at its close the number under treatment for these reasons had fallen by nearly three-quarters. It is surely remarkable that less than one third of all patients who attended was suffering from venereal disease, and a matter for satisfaction that conditions which might otherwise lack adequate treatment are here dealt with.

## Year ending 31.12.51.

Number of patients :	Syphilis		Gonorrhoea		Conditions other than venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
Under treatment on 1.1.51 ...	94	132	25	29	110	261	229	422
Returned after cessation of attendance in previous years ...	3	1	—	—	—	—	3	1
Dealt with for first time, suffering from :								
(a) Syphilis primary	—	—	—	—	—	—	—	—
(b) „ secondary	—	—	—	—	—	—	—	—
(c) „ latent in 1st year of infection	—	—	—	—	—	—	—	—
(d) Syphilis, cardiovascular	—	1	—	—	—	—	—	1
(e) „ of nervous system	—	—	—	—	—	—	—	—
(f) „ all other late or latent stages	3	4	—	—	—	—	3	4
(g) Syphilis, congenital (under 1 year) ...	—	—	—	—	—	—	—	—
(h) Syphilis, congenital	3	2	—	—	—	—	3	2
(i) Gonorrhoea ...	—	—	28	16	—	—	28	16
(j) Chancroid ...	—	—	—	—	—	1	—	1
(k) Lymphogranuloma inguinale ...	—	—	—	—	—	—	—	—
(l) Granuloma venereum	—	—	—	—	—	—	—	—
(m) Any other conditions requiring treatment ...	—	—	—	—	89	27	89	27
(n) Conditions not requiring treatment	—	—	—	—	141	55	141	55
(o) Conditions remaining undiagnosed at 31st December ...	—	—	—	—	2	1	2	1
Total under treatment during 1951 ...	103	140	53	45	342	345	498	530
Discharged after completion of treatment and tests for cure ...	17	12	37	24	290	308	344	344
Ceased to attend before completion of treatment ...	1	—	—	—	—	—	1	—
Ceased to attend after completion of treatment but before final tests for cure ...	30	38	—	—	—	—	30	38
Transferred to other Centres ...	3	6	5	1	11	1	19	8
Number under treatment on 31.12.51 ...	55	90	11	20	41	36	107	146



Clinic attendances were:

				<i>Clinic Attendances</i>		<i>Intermediate Attendances</i>	
				M	F	M	F
Syphilis	...	...	...	729	1508	356	710
Gonorrhoea	...	...	...	236	205	—	2
Other Patients	...	...	...	894	776	40	5
				<hr/>	<hr/>	<hr/>	<hr/>
				1859	2489	396	717
				<hr/>	<hr/>	<hr/>	<hr/>

The following are the civilian totals for previous years:—

New Patients suffering	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
From : Syphilis ...	40	34	21	24	40	23	29	33	52	50	50	58	46	33	13
Gonorrhoea	107	127	83	61	78	82	73	60	112	110	71	58	67	37	44
Soft Chancre	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total Attendances	8564	9768	9472	2846	3319	3345	5185	4387	4431	5840	4714	3667	5907	5952	5461

## CANCER

Malignant disease caused 410 deaths, being 48 more than the total for the previous year. The most noteworthy change was in the incidence of cancer of the respiratory system and mediastinum in males, 74 of whom died from this cause as compared with 42 in 1950. Female deaths from malignant disease of the breast numbered 44, a disappointingly high figure for a condition which should early attract attention, but it should be borne in mind that many of the victims are elderly women, who still delay to seek advice either from ignorance or indifference. The primary sites of the disease were as follows:—

	Males	Females
Skin ... ..	—	2
Lips, Cheek, Mouth, Tongue, etc. ...	4	1
Larynx, Bronchus, Lung, Mediastinum	74	14
Oesophagus ... ..	6	7
Stomach ... ..	33	25
Caecum, Colon ... ..	17	37
Rectum ... ..	13	9
Gall Bladder, Bile Ducts, Liver ...	3	1
Pancreas ... ..	6	10
Kidney, Suprarenal ... ..	5	—
Bladder, Urethra ... ..	11	2
Prostate ... ..	14	—
Ovary ... ..	—	12
Uterus ... ..	—	15
Vagina ... ..	—	2
Breast ... ..	—	44
Brain ... ..	4	9
Bone ... ..	—	2
Thyroid ... ..	1	1
Miscellaneous or not ascertained ...	12	14
	<hr/> 203	<hr/> 207

There were 5 deaths from malignant disease in persons under the age of 35 years, as follows:—

Male ...	25 years	...	Meningioma
Male ...	12 years	...	Thoracic Tumour
Female ...	11 years	...	Hodgkins Disease
Female ...	33 years	...	Carcinoma Vaginae
Female ...	24 years	...	Carcinoma Ovary

#### PUBLIC HEALTH (AIRCRAFT) REGULATION, 1950

The volume of traffic using Southend Airport grows steadily, as shown by the following table of customs movements of passengers and aircraft during the year:

<i>Month</i>	<i>Passengers</i>	<i>Aircraft</i>
January ... ..	63 ... ..	31
February ... ..	81 ... ..	27
March ... ..	676 ... ..	126
April ... ..	399 ... ..	185
May ... ..	527 ... ..	183
June ... ..	923 ... ..	229
July ... ..	1,629 ... ..	253
August ... ..	2,386 ... ..	276
September ... ..	489 ... ..	115
October ... ..	197 ... ..	64
November ... ..	137 ... ..	43
December ... ..	277 ... ..	30
	<hr/> 7,784	<hr/> 1,562



No special public health problems were encountered in 1951.

There is also an increasing use of the airport for freight traffic, including the importation of foodstuffs from the continent. Although the airport is owned and operated by the Corporation, the flying field and some of the administrative buildings lie outside the boundary of the County Borough. The jurisdiction of the Authority in relation to the Public Health (Imported Food) Regulations 1937 and the Food and Drugs Act 1938 is the subject of consideration at the time of writing.

#### LOCAL GOVERNMENT SUPERANNUATION ACT 1937, AND SICK PAY REGULATIONS

The following table shows the number of medical examinations carried out for the various Departments of the Corporation:—

Education	...	...	...	...	...	157
Transport	...	...	...	...	...	47
Public Health	...	...	...	...	...	33
Borough Engineer's	...	...	...	...	...	32
Police	...	...	...	...	...	25
Children's	...	...	...	...	...	23
Town Clerk's	...	...	...	...	...	23
Borough Treasurer's	...	...	...	...	...	20
Libraries	...	...	...	...	...	19
Pier and Foreshore	...	...	...	...	...	17
Parks	...	...	...	...	...	15
Airport	...	...	...	...	...	14
Cleansing	...	...	...	...	...	10
Fire Brigade	...	...	...	...	...	7
Housing	...	...	...	...	...	4
Justices' Clerk's	...	...	...	...	...	4
Cemeteries	...	...	...	...	...	3
Entertainments	...	...	...	...	...	2
Civil Defence	...	...	...	...	...	2
						<hr/> 457 <hr/>

In addition to these examinations, 352 cases referred under the Sick Pay Regulations were dealt with by enquiry and report without medical examination. This figure is considerably greater than the average and there is no doubt that, in common with the rest of the population, there was a high incidence of sickness, mainly respiratory infections, in 1951.

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY

The water supply of the area was fully described in the report for 1944; no changes requiring mention have been made during the year. The supply has been satisfactory in both quantity and quality.

With the exception of a few houses which draw water from shallow wells, all premises have supplies of piped water. The Southend Waterworks Company maintains a fully equipped laboratory at its Langford works, and the water supplied by it is under full bacteriological control from the time it enters the intakes until it goes into service. In addition periodic samples are sent to an independent laboratory, copies of whose reports are, from time to time, furnished to the Medical Officer of Health by courtesy of the Secretary.

Samples of water taken from the Corporation's undertaking and from service pipes supplied by both Undertakers are daily submitted to the Public Health Service laboratory for bacteriological examination, and are supplemented by complete chemical and bacteriological examinations by an independent laboratory. The waters have no liability to plumbo-solvent action.

Typical analyses are:—

	<i>Southend Waterworks Company</i>	<i>Shoeburyness Waterworks</i>
CHEMICAL RESULTS IN PARTS PER MILLION		
Appearance	Bright with a few mineral particles	Clear and bright.
Turbidity	Less than 3	Nil.
Colour	Less than 10	Less than 10
Odour	Nil	Nil.
pH	8.5	8.5
Free Carbon Dioxide	Absent	Absent
Electric Conductivity	580	1500
Total Solids	390	1000
Chlorine present as Chloride	86	320
Alkalinity as Calcium Carbonate	50	275
Hardness:		
Total	120	28
Carbonate	50	28
Non-Carbonate	70	0
Nitrate Nitrogen	2.6	0.0
Nitrite Nitrogen	approx. 0.01	Less than 0.01
Ammoniacal Nitrogen*	0.064	0.49
Oxygen Absorbed	0.55	0.30
Albuminoid Nitrogen*	0.061	0.000
Residual Chlorine	0.04	Absent
Metals:		
Iron	0.06	0.03
Other metals	Absent	Absent

\* To convert to Ammonia multiply by 1.21,



## BACTERIOLOGICAL RESULTS

Sampling bottles are treated to remove residual chlorine if present.

Number of Colonies developing on Agar		
1 day at 37° C.	5 per ml.	0 per ml.
2 days at 37° C.	6 per ml.	1 per ml.
3 days at 20° C.	6 per ml.	0 per ml.
Presumptive Coli-aerogenes Reaction		
Present in	— ml.	— ml.
Absent from	100 ml.	100 ml.
Probable number	0 per 100 ml.	0 per 100 ml.
Bact. Coli. (Type I)		
Present in	— ml.	— ml.
Absent from	100 ml.	100 ml.
Probable number	0 per 100 ml.	0 per 100 ml.
Cl. Welchii Reaction		
Present in	100 ml.	— ml.
Absent from	10 ml.	100 ml.

## REMARKS

*Southend Waterworks Company*

This sample is practically clear and bright in appearance, faintly alkaline in reaction and free from metals apart from a minute trace of iron. The hardness of the water and its content of mineral and saline constituents in solution are very moderate, and its organic quality and bacterial purity are of a high standard.

These results are indicative of a water which is pure and wholesome in character and suitable for drinking and domestic purposes.

(Sgd.) ROY C. HOATHER.

17th July, 1951.

*Shoeburyness Waterworks*

This sample is clear and bright in appearance, faintly alkaline in reaction and free from metals apart from a negligible trace of iron. The water is very soft in character and its content of mineral and saline constituents in solution has its normal value, which although high, is not excessive. The water is of excellent organic quality and bacterial purity.

These results are indicative of a water which is pure and wholesome in character and suitable for drinking and domestic purposes.

(Sgd.) ROY C. HOATHER.

19th September, 1951.

## SANITARY INSPECTION OF THE BOROUGH

Mr. R. A. Drake, B.E.M., M.R.S.I., chief sanitary inspector, reports as follows :—

## A. COMPLAINTS

The following table shows the complaints received during the year and the number of visits of inspection made to deal with the same,

	<i>Complaints</i>	<i>Visits</i>
General housing defects ... ..	1786	9731
Defective drainage systems ... ..	383	985
Blocked drainage systems ... ..	274	654
Absence of or defective dustbins ... ..	269	491
Dirty condition of houses or rooms ... ..	191	882
Animals improperly kept ... ..	56	273
Overcrowded and unsatisfactory housing conditions ... ..	372	1284
Insect pests ... ..	68	210
Fly nuisances ... ..	9	53
Deposit of refuse on vacant land and back passages ... ..	162	457
Caravans ... ..	25	89
Smoke nuisances ... ..	31	152
Food and food premises ... ..	71	322
Factories and workshops ... ..	37	199
Shops Act ... ..	46	268
Water Supply ... ..	19	86
Sanitary conveniences ... ..	10	81
Miscellaneous ... ..	237	524
	<hr/> 4,046	<hr/> 16,841

These figures do not include 421 complaints in connection with rats and mice, which are dealt with elsewhere in the report.

## B. ABATEMENT OF NUISANCES

Number of premises where nuisances were found to exist ... ..	2101
---	------

Abated :—

after service of informal notices ... ..	1263
after service of statutory notices ... ..	104
without notice ... ..	521
	<hr/> 1888

In process of being dealt with on 31st December, 1951 ... ..	213
--	-----

Proceedings were instituted against five owners who failed to execute repairs to properties as required by statutory notices. In each case the Court made Nuisances Orders ; in one instance where the Order was not complied with, the Corporation did the work, recovering the cost.



## C. HOUSING

### (a) *Unfit Houses*

At the beginning of the year eight of the houses scheduled in 1939 as requiring action to ensure demolition, were still occupied ; of these four were demolished and two vacated during the year. Two families occupying two of these properties were rehoused by the Corporation, the occupier of one rehoused himself, whilst the occupant of the remaining property died and the house has not been re-let. The two houses remaining to be dealt with were still occupied by the end of the year and providing they are kept in a reasonable standard of repair their demolition can be deferred a little longer.

The basement flat of one property was found to be so unsatisfactory as to necessitate a Closing Order pursuant to Section 12 of the Housing Acts. The Housing Department rehoused the occupants.

Demolition Orders were made in respect of five cottages, the roofs of which had become so defective as to require complete renewal. In addition, serious structural defects were causing much dampness. The average inclusive rent for each cottage was 4s. 0d. per week and the owners did not consider that they could be put in a satisfactory condition at a reasonable cost. Two of the families rehoused themselves, one was rehoused by the Corporation, and the two elderly persons occupying the two remaining cottages were, at the end of the year, waiting to be rehoused by the Corporation in aged persons' bungalows.

### (b) *Overcrowding and Unsatisfactory Housing Conditions*

Three hundred and two complaints were received of alleged overcrowded and unsatisfactory housing conditions. In many instances application had already been made to the Housing Department, and accepted for the Council's housing register. Each case was carefully investigated, and where it was found that statutory over-crowding existed, or the conditions in which the families were living were considered to be detrimental to health, reports were submitted to the Housing Committee.

### (c) *Service Department Camps*

The hutments sited on two unoccupied army camps are still used for housing purposes. Twenty-two of the huts on one site have been demolished because their condition had deteriorated so much; the occupants have been rehoused by the Corporation. It is anticipated that the six huts now remaining on this site will be vacated during the next few months. Although the provision of sanitary conveniences, water supplies, etc., has improved the conditions for the occupants of huts on the other site they still afford very sub-standard accommodation.

## D. FILTHY AND VERMINOUS HOMES

The number of complaints received under this heading was 191, as compared with 94 last year. Several referred to rooms occupied by elderly persons ; it was found that the allegations were unjustified, the conditions being generally due to the somewhat congested state of the rooms owing to an accumulation of furniture, etc., which is frequently found when an elderly person who formerly occupied a house is restricted to a bed-sitting room, and is anxious to retain certain articles for sentimental reasons. The only action required in these cases is a general tidying and cleaning up of the room, a task which is admirably carried out by the Domestic Help Service.

The Department now has a considerable number of these cases under regular supervision making 891 visits for this purpose.

The provisions of Sections 83 and 84 of the Public Health Act 1936 were applied in four cases after informal action had failed to improve conditions.

No case called for action under the provisions of Section 47 of the National Assistance Act, 1948.

The Department treated 337 rooms for vermin infestations. The use of liquid vermicide containing D.D.T. was relied upon for dealing with the infestations, and proved satisfactory.

## E. CAMPING SITES

Two camping sites were re-licensed during the year ; they were well maintained, the conditions of the licences being closely observed. Both are provided with sanitary conveniences connected to the Council's sewers, and the employment of male and female attendants ensures proper maintenance.

On one camping site a boiler supplies hot water for the use of campers, who take full advantage of this amenity, both for personal and for domestic purposes.

The camping sites serve a useful purpose by providing facilities for numbers of campers who would otherwise occupy vacant plots of land without any sanitary arrangements, water supply, etc., and create nuisance and annoyance to residents in the vicinity.

Four applications were received for licences to station caravans on sites in the Borough ; all were refused. Ten caravans were found to be occupying sites without licence, but all were removed without recourse to Court proceedings.



## F. THE PREVENTION OF DAMAGE BY PESTS ACT, 1949

The work of the Department in connection with the treatment of premises and land infested with rats and mice proved very successful during the year. Credit must be given to the rodent officer, Mr. G. Reynolds, whose knowledge and skill in the current methods of disinfection are most valuable assets in the campaign which has to be constantly waged against these vermin.

A new type of poison named "Warfarin" was used for the first time. This poison is claimed to be harmless to domestic animals, a distinct advantage, as the poison can be left in situ until eradication has been completed. Although we have been using this poison for a few months only, the results obtained have been extremely gratifying.

During the year 421 notifications of infestations were received, in dealing with which 2152 visits were made: 319 referred to rat infestations, and 102 to mice.

An extensive survey of the foreshore was made, and where evidence of infestation was found, the necessary treatment was carried out. This can only satisfactorily be done during the winter months.

Infestations of mice were reported in the infants' departments of several schools where the storage of cartons, paste, etc., proved to be the attraction. In each case only a few mice were discovered and were easily eradicated.

The treatment of sewers is undertaken by the Cleansing Department. The Director of Public Cleansing has supplied the following information.

"As required by the Ministry of Agriculture and Fisheries, bi-annual maintenance treatments were carried out; a total of 578 manholes were pre-baited, and 285 poison baits laid."

## G. ATMOSPHERIC POLLUTION

No serious case of atmospheric pollution came to notice during the year. Of the 31 complaints received of nuisance arising under this heading, one was in respect of minute droplets of oil which were found to be coming from the chimney to an oil burning furnace; this was rectified by a slight adjustment to the plant. The remaining 30 complaints were about the emission of smoke; fourteen referred to chimneys of dwelling houses, eight to the use of incinerators for disposing of trade refuse, five to small workshops where slow combustion stoves were being used with material other than coal or coke for fuel, and the remaining three to laundry premises where the trouble was mainly caused by the use of unsuitable fuel. With the co-operation of the local Fuel Overseer arrangements were made for more suitable fuel to be provided, which remedied the trouble.

## H. HOUSEBOATS

The powers obtained under the Southend-on-Sea Corporation Act, 1947, to deal with the houseboats and ancillary structures situated in Leigh Creek, have been used, and of the 170 houseboats, etc., moored in the Creek, only one remained occupied at the end of the year.

## I. RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

This Act, operative from 1st November, 1951, repeals and replaces the Rag Flock Acts 1911 and 1928 and the Rag Flock Regulations 1912. Its object is to secure the use of clean filling materials in upholstered articles which are stuffed or lined. It provides for the registration of premises where such filling materials are used except for remaking, or reconditioning of articles, and for the licensing of premises used for manufacturing or storing rag flock. Powers are given to local authorities for the inspection of premises and sampling of materials. Thirteen applications for registration of premises had been received by the end of the year.

## J. PHARMACY AND POISONS ACT 1933

The duties devolving upon the Department are mainly those connected with the sale of poisons scheduled in Part II of the Poisons List, which includes such liquids as household ammonia, carbolic disinfectants, insecticides, horticultural sprays, etc. The names of retailers have to be entered in the Council's list and certain precautions about labelling, storage, etc., have to be observed. Four hundred and forty-five inspections were made in respect of 236 premises registered by the Council under Part II of the Act.

## K. PLACES OF ENTERTAINMENT

Three hundred and seventy-six inspections of the sanitary accommodation in cinemas and theatres were made during the year. Only a few minor sanitary defects were found; these were immediately attended to when brought to the notice of the management.

## L. PARTICULARS OF:—

(a) Enquiries re—					
Notifiable diseases	...	...	...	...	543
Contacts	...	...	...	...	98
(b) Other visits or inspections—					
Marine store dealers	...	...	...	...	143
Piggeries	...	...	...	...	609
Pharmacy and Poisons Act	...	...	...	...	445
Registration of hotels, boarding and apartment houses (for Publicity Committee)	...	...	...	...	1063



## M. LICENSED HOUSES

The detailed inspection of the sanitary accommodation provided for customers of licensed houses in the Borough was continued this year. In cases where additions or improvements were considered to be necessary, our findings were communicated to the owners who made arrangements for their representatives and architects to meet us on the premises to discuss their proposals for meeting our requirements.

As the majority of the licensed houses now provide meals, it was necessary to deal with the conditions under which these were prepared, etc.; attention was also given to the protection of "snacks" exposed for sale in the bars.

Because of the continued need for economy in the use of materials and labour required for this class of work, we have arranged to deal with only a limited number of premises each year and in order to avoid extensive alterations to the buildings we had to be content with much less than we would regard as ideal.

## INSPECTION AND SUPERVISION OF FOOD

### FOOD AND DRUGS ACTS 1938-1944

#### A. MILK

##### (i) *Registration and Licensing*

##### Milk and Dairies Regulations, 1949

No. of persons registered as distributors	...	...	...	...	145
No. of premises registered as dairies	...	...	...	...	9

##### Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

No. of dealers' (Pasteuriser's) licences	...	...	...	...	5
No. of dealers' (Pasteuriser's—Tuberculin Tested Milk) licences	...	...	...	...	3
No. of dealers' licences to use the special designation "Pasteurised"	...	...	...	...	31
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	...	...	...	...	13
No. of supplementary licences to use the special designation "Pasteurised"	...	...	...	...	1
No. of dealers' (Steriliser's) licences	...	...	...	...	1
No. of dealers' licences to use the special designation "Sterilised"	...	...	...	...	39
No. of supplementary licences to use the special designation "Sterilised"	...	...	...	...	2

##### Milk (Special Designation) (Raw Milk) Regulations 1949 and 1950

No. of dealers' licences to use the special designation "Tuberculin Tested"	...	...	...	...	...	...	...	27
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(ii) *Bacteriological Examination of Milk*

During the year, 541 samples of milk were submitted for the prescribed examinations.

			No. of samples	Passed	Failed
Pasteurised	...	...	132	132	—
Sterilised	...	...	68	68	—
Tuberculin Tested—					
Pasteurised	...	...	83	83	—
Tuberculin Tested—					
Farm Bottled	...	...	258	258	—

(iii) *Biological Examination of Milk*

Thirty-six samples of milk were submitted for biological examination for the presence of tubercle bacilli ; two examinations were inconclusive ; three were reported to be positive and particulars regarding the same were forwarded to the Divisional Inspector of the Ministry of Agriculture and Fisheries ; the remainder were reported to be negative.

(iv) *Inspections and Complaints*

Inspections of dairies, plant and equipment, totalled 583 during the year. Eleven complaints were received by the department ; six related to alleged adulteration of milk, three to dirty milk bottles and two to an unusual taste. Samples of the milk sent to the Public Analyst in connection with the complaints of alleged adulteration and unusual taste were reported to be satisfactory. Full investigations were made regarding the dirty milk bottles, and the responsible dairymen were cautioned as necessary.

## B. ICE CREAM

(i) *Registration.*

The number of premises on the register at the end of the year is shown in the following table :—

Type of Registration	Number
Manufacturers ... ..	24
Vendors ... ..	383
Total ... ..	407

Of the 72 new applications for the registration of premises for the storage and sale of ice-cream as required by Section 14 of the Food and Drugs Act, 1938, 10 were refused ; two of the premises were subsequently brought into conformity with the requirements and were registered.



Three applications were received for the registration of mobile vans for the sale therefrom of ice-cream, a requirement of the Corporation's Act of 1947. Two were granted but the other was refused as the van did not conform to the Council's requirements. Two hawkers were registered to retail wrapped ice-cream from tricycles.

A total of 1824 visits to ice-cream premises was made during the year.

## (ii) *Bacteriological Examination*

On 1st March the Ice-cream (Heat Treatment, etc.), Regulations came into force, requiring the installation of thermometers in ice-cream manufacturing plants. The operation of this requirement, originally contained in the 1947 Regulations had been deferred by reason of the difficulty in obtaining equipment.

All the manufacturers of ice-cream had installed the necessary indicating and recording thermometers by the end of the year; these have been of material assistance in the work of inspection and investigation of samples reported to be unsatisfactory.

During the year, 479 samples were submitted to the Public Health Laboratory for examination by the Methylene Blue Reduction Test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
331	62	58	28

Samples falling in categories 3 and 4 are considered to be unsatisfactory. It should be noted, however, that it is the practice to take more samples from the less satisfactory producers and retailers, and fewer from the firms where it is known that good conditions and handling of the product prevail, consequently, the proportion of samples reported to be unsatisfactory is bound to be high, and does not do justice to the prevailing standard.

The practice of sending duplicate reports of laboratory examinations to the business concerned has been continued, and, in the case of all the unsatisfactory samples, investigation of the possible causes of contamination was carried out on the premises, and advice given. In four instances where the sources of contamination were obscure, the Director of Pathology at the Public Health Laboratory attended at the factories, and, together with the Chief Sanitary Inspector and the proprietors, investigated the conditions and methods of handling the product.

The practice of giving short talks to members of the staff at the firms' premises has been continued.

### (iii) *Chemical Analysis*

From March 1st there were legal standards for ice-cream. At least 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. solids other than milk fat are required as recommended by the Food Standards Committee. Present standards are for the interim only; if and when supplies of ingredients become more plentiful it is proposed to raise them.

The following table summarises the fat content of the 58 samples of ice-cream submitted to the Public Analyst for analysis :—

<i>Fat Content</i>	<i>Number</i>	<i>Percentage</i>
Below 5%	—	—
6% to 7%	7	12.1
7% to 8%	3	5.2
8% to 9%	4	6.9
9% to 10%	10	17.2
10% to 11%	21	36.2
11% to 12%	8	13.8
12% to 13%	4	6.9
13% to 14%	1	1.7
	—	
Total	58	
	—	

## C. MEAT

### *Slaughterhouses*

In 1940 centralised slaughtering, under the control of the Ministry of Food, was set up, and the ten privately owned slaughterhouses then in use were closed down. The majority, if not all, of them are now quite unsuitable for their former purpose, and if decontrol of meat slaughtering comes about, slaughterhouse provision for the Borough will demand careful examination. The construction of a Public Abbatoir adequate for the needs of this and the adjoining areas would be most necessary.

The home-killed meat sold in the Borough comes from animals dealt with at a Ministry of Food slaughterhouse in the area of a nearby authority whose inspector is assisted in making post mortem examinations by the Council's nine qualified meat and food inspectors. This arrangement ensures that all animals are inspected, no diseased meat reaches retailers, and also conserves all sound meat. This service has required 571 hours of overtime duty by the Council's food inspectors during the year for which no additional payment is made.



## PUBLIC HEALTH (MEAT) REGULATIONS

During the year the carcasses and organs of 12089 animals were examined at the Ministry of Food slaughterhouse as detailed below :—

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	2726	993	816	4337	3217
Number inspected ... ..	2726	993	816	4337	3217
<i>All diseases except tuberculosis:—</i>					
Whole carcasses condemned	3	11	1	7	20
Carcasses of which some part or organ was condemned	596	281	4	50	106
Percentage of the number inspected affected with disease other than tuber- culosis ... ..	21.97	29.41	.61	1.31	3.92
<i>Tuberculosis only—</i>					
Whole carcasses condemned	16	27	6	—	10
Carcasses of which some part or organ was condemned	251	247	1	—	71
Percentage of the number inspected affected with tuberculosis ... ..	9.79	27.59	.86	—	2.52

Eleven meat specimens were submitted to the Public Health Laboratory for examination.

*Cysticercus Bovis*

We continued to pay special attention to the detection of *Cysticercus Bovis* during the year. Nine cases were diagnosed and the carcasses were dealt with in accordance with approved policy.

*Sale of Horseflesh*

Proceedings were instituted pursuant to Section 38 of the Food and Drugs Act 1938 against a butcher who was found to have a quantity of horseflesh stored in a refrigerator on his premises. The Court imposed a fine of £5 together with two guineas costs.

*Slaughter of Animals Act*

Ten applications were received for the renewal of licences to slaughter animals in slaughterhouses, all of which were granted.

#### D. SHELLFISH

Following upon the outbreak of food poisoning in 1949 which was associated with the eating of cockles, the storage and handling of shellfish by wholesalers and retailers has again received special attention. The improvements reported last year have been maintained and no cases of illness following the consumption of shellfish were reported throughout the year.

During the year, 677 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. The Director, Dr. Pilsworth, has continued to apply his modification of the Methylene Blue Reduction Technique to the examination of cockles. Copies of his reports have continued to be forwarded to both wholesalers and retailers and this has proved to be of considerable assistance to inspectors when dealing with the traders whose interest has been maintained.

Of the 677 samples examined, 480 were reported to be satisfactory and 197 unsatisfactory.

The sampling was arranged so as to

- (a) provide a check on the various stages of production, and
  - (b) measure the deterioration which occurred during retail handling.
- Samples were obtained from the producers' sheds, and the following day the stocks of the retailers supplied from them were sampled.

The following table shows the relationship between the producers' and retailers' samples. It can be assumed that in general the linked results relate to the same product in different stages of its handling.

Of 222 samples, 33 taken from retailers were better than the producers' grade and 30 were lower, the same grade being maintained in the remaining 159. As was reported last year, the results show that with the advent of the summer months the average grading falls, only to rise again in the autumn.



Shed	Producers		Retailers		
	No. of Samples	Shop No.	Same	Grades Higher	Lower
A	...	87	1.	2	—
			2.	36	8
			3.	2	—
			4.	23	6
			5.	2	1
			6.	1	—
			7.	1	—
B	...	14	8.	1	—
			9.	1	—
			10.	5	2
			11.	1	3
C	...	28	12.	1	1
			13.	18	2
D	...	23	14.	17	1
			15.	2	—
			16.	1	—
E	...	35	17.	12	2
			18.	9	6
F	...	4	19.	4	—
G	...	26	20.	—	—
			21.	16	1
			22.	1	4
			23.	—	1
H	...	7	24.	3	1
<u>222 (171)</u>			<u>159 (111)</u>	<u>33 (14)</u>	<u>30 (46)</u>

The figures in brackets show the totals for 1950.

### 3. UNSOUND FOOD

In addition to the carcasses, etc., condemned at the slaughterhouse, the undermentioned foods were voluntarily surrendered as being unfit for human consumption :—

Canned goods	...	...	...	...	19,462 tins
Fresh food :—					
Meat	...	...	...	...	13,548 lbs.
Fish	...	...	...	...	447 $\frac{3}{4}$ stones
Vegetables and fruit	...	...	...	...	474 lbs.
Miscellaneous	...	...	...	...	981 lbs.

## F. FOOD HYGIENE

The programme initiated during the past two years to achieve a higher standard of hygiene in premises in which food is prepared and stored has been continued during the year ; special attention has been devoted to restaurant kitchens, and structural alterations and re-equipping has been obtained in many of them.

It is a matter for satisfaction that caterers and their representative are now frequently seeking our advice about the layout of food premises and the selection and siting of equipment.

During the routine inspections of food premises some contraventions of Section 13 of the Sale of Food and Drugs Act 1938 were found. Attention was called to these and advice given as to the work involved in rectification. In the majority of instances our advice met with ready response, but in 38 instances where the proprietors did not accept our advice, the circumstances were reported to the Health Committee with a view to legal proceedings being instituted. In all instances the contraventions were remedied after the requisite notices had been served.

The practice of giving short talks to food handlers at their place of work was continued, but considerable difficulties are encountered in endeavouring to educate the large number of casual employees engaged in handling food, during the summer season only, in a large seaside resort.

Seven thousand and twenty-one inspections have been made, during the year, of premises where food is prepared, stored or sold, as follows :—

Ice-cream premises	...	...	...	...	1,824
Restaurants, cafes, etc.	...	...	...	...	1,713
Shellfish premises	...	...	...	...	981
Butchers' shops	...	...	...	...	639
Provision shops	...	...	...	...	477
Fish shops	...	...	...	...	328
Bakehouses	...	...	...	...	279
Greengrocers	...	...	...	...	190
Flour confectionery	...	...	...	...	94
Provision warehouses	...	...	...	...	75
Other food premises	...	...	...	...	421
					<hr/>
					7,021
					<hr/>



## G. COMPLAINTS AS TO FOOD AND FOOD PREMISES

Seventy-one complaints were received relating to food or food premises : these have been summarised as follows :—

*Food*

Alleged to be—

Unfit for human consumption	...	...	21	
Containing foreign bodies	...	...	14	
Adulterated	...	...	12	
Horseflesh sold as beef	...	...	7	54
<hr/>				

*Milk*

Adulterated	...	...	...	6	
Dirty milk bottles	...	...	...	3	
Unusual taste	...	...	...	2	11
<hr/>					

*Food Premises*

Dirty condition of	...	...	...	4	
Animals kept in	...	...	...	2	6
<hr/>					
					<hr/>
					71
					<hr/>

Of the 21 complaints about food said to be unfit for human consumption, examination showed the complaints were unjustified in 16 instances. The remaining five complaints were of tinned or potted foods ; when these products are found to be at fault, the stocks are all examined, and unsound packages surrendered to the department.

Of the 14 allegations of foreign bodies in food, five were found to be unjustified; four were due to the discoloration of products used in the manufacture of the food, and in the remaining five cases the circumstances were thoroughly investigated and reported to the Health Committee—in no instances were legal proceedings instituted, but where necessary the vendors were cautioned.

In the 12 cases where it was alleged that food was adulterated and a portion of the food was available, it was sent to the Public Analyst for examination ; otherwise a formal sample of the suspected food was obtained from the retailer for analysis.

Of the seven complaints relating to the sale of horseflesh as beef, in six instances the meat was found, on visual examination, to be beef ; in the remaining instance, the sausage meat was sent to the Public Analyst who reported that the sample did not contain horseflesh.

The complaints relating to milk are dealt with under heading "A. MILK. (iv) Inspections and Complaints."

As regards the food premises, three of the complaints alleging that shops were in a dirty condition were found to be unjustified. In the remaining case there were minor matters requiring attention and these were immediately dealt with when the proprietor's attention was called to them. The two complaints regarding the keeping of animals in food shops referred to the proprietors' allowing their dog and cat to have access to the shops.

## H. REGISTRATION OF HAWKERS AND THEIR PREMISES

This is required under the Council's private Act of 1947, and ensures the adequate supervision of food on sale by hawkers, and also of the premises used by them for the storage of their wares. It also enables the Council to require that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing.

Five applications for registration were received from hawkers ; of these two were refused as the premises to be used for the storage of food were unsatisfactory. One, in respect of a mobile ice-cream van, was refused because no sink, wash-hand basin or water supply was provided. None of the applicants who was refused registration took advantage of the right of appeal to the Court, although informed that provision for this was contained in the Act.

## I. FOOD BYELAWS

The byelaws made under Section 15 of the Food and Drugs Act 1938 became effective in June 1950 ; the requirements are being enforced reasonably as part of a long term policy. Particular attention has been given to the protection of food exposed for sale in the open air and considerable response has been forthcoming from traders. In some cases, however, difficulties have arisen from the restricted space available and the need for avoiding undue interference with the rapid serving of customers. Provided, however, the traders co-operate, it is not anticipated that these difficulties will be insurmountable.



Action was also taken to stop the use by a few traders of newspapers for the wrapping of foodstuffs, and notwithstanding present difficulties in obtaining suitable wrapping paper, the response was satisfactory.

#### SAMPLING OF FOOD AND DRUGS

During the year, 402 samples were submitted for analysis by the Public Analyst. The samples consisted of :—

<i>Nature of sample</i>	<i>Number</i>
Milk ... ..	193
Ice-cream ... ..	58
Sausages ... ..	14
Vinegar ... ..	7
Alcoholic drinks ... ..	6
Sweets ... ..	6
Non-alcoholic drinks ... ..	4
Synthetic cream ... ..	1
Gelatine ... ..	1
Groceries, including meat and fish pastes, tea, coffee, jam ... ..	112
	<hr/> 402 <hr/>

Of the samples analysed, 19 were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows :—

Sample No.	Formal or Informal	Article	Adulteration or other Irregularity	Action taken
716	F	Pork sausages	170 parts per million sulphur dioxide	Cautioned
762	F	Beef sausage meat	14% deficient in meat	Unconditional discharge. 2 guineas costs
764	F	Beef sausage meat	18% deficient in meat	Fined £5 and £6 0s. 9d. costs
806	F	Vinegar	Solution of acetic acid and colouring matter, an artificial product	Fined £2 and £1 6s. 9d. costs
820	F	Milk	1.05% added water	Cautioned
826	I	Tinned tomato soup	3.8 grains per lb. of tin	Remainder of consignment comprising 2,000 tins surrendered and destroyed
827	I	do.	2.9 grains do.	
828	I	do.	5.7 grains do.	
829	I	do.	3.4 grains do.	
830	I	do.	4.5 grains do.	
831	I	do.	4.4 grains do.	
867	I	Fish paste	27% deficient in fat	No action Sample procured 8/6/51. The Meat Products and Canned Meat (Amendment No. 2) Order 1951 amended on 14/6/51 frees fish paste from control as regards composition
896	I	Coconut ice	Rancid	Cautioned
897	I	Tinned shoulder ham	Tin blown Contents unfit for human food	Remainder of consignment surrendered
898	I	Bread	Mouldy	Cautioned
910	F	Vinegar	Consisted wholly of non-brewed acetic acid	Cautioned
950	I	Gravy powder	Tin 4.4 grains per lb. and infested with Acari	Remainder of consignment withdrawn from sale and surrendered
1010	I	Butter	Rancid	Remainder of consignment returned to wholesaler
1075	I	Sardines	Contained 18 parts per million of lead	Further samples taken and found to be satisfactory



## K. KNACKER'S YARD

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained and 882 animals, comprising 857 cows, 16 horses and 9 calves, were slaughtered therein, 278 visits of inspection being made.

## L. FACTORIES ACT 1937.

The particulars required by Section 128(3) as requested by the Ministry of Labour and National Service are shown in the tables below.

*Inspections*

Premises	Number on Register	Number of Inspections	Number of Notices served
a) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by the local authority ... ..	49	104	—
b) Factories not included in (a) to which Section 7 applies ... ..	561	733	11
c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers premises) ... ..	—	—	—
Total ...	610	837	11

*Defects Found*

<i>Particulars</i>	<i>Number of cases in which defects were</i>	
	<i>Found</i>	<i>Remedied</i>
Want of cleanliness ... ..	2	2
Unreasonable temperature ... ..	1	1
Inadequate ventilation ... ..	1	1
Ineffective drainage of floors ... ..	1	1
Sanitary conveniences—		
(a) Insufficient ... ..	3	3
(b) Unsuitable or defective ... ..	6	6
(c) Not separate for sexes ... ..	2	2
Other offences ... ..	3	3
	—	—
	19	19
	—	—

Inspections were carried out and the attention of the occupiers drawn to defects and contraventions, mostly at consultations on the premises. Many were remedied without the service of written notices.

*Outworkers*

Lists received from employers and other authorities.

<i>Nature of Work</i>	<i>Workmen</i>
Wearing apparel ... ..	98
Artificial flowers ... ..	3
Curtains and furniture hangings ... ..	1
Brushes ... ..	1
Lamp shades ... ..	1
Basket making ... ..	1
	<hr/> 105 <hr/>

**M. SHOPS ACT 1950**

During the year, 1,791 inspections were made under this Act; these included inspections on Sundays under the Sunday Trading Clauses. As a result of these inspections 192 verbal and 22 written warnings were given in respect of various infringements.

The Act which came into operation on 1st October 1950, still leads to considerable confusion and presents administrative difficulties owing to the large number of exemptions and exceptions to some of its main provisions. The small general shop is always a source of trouble in this respect, particularly over Sunday Trading. The proprietors of this type of business usually appear to have little or no knowledge of the requirements of the Act, and considerable time has to be expended in explaining to them the intricacies of the same.

**N. PUBLIC MORTUARY**

During the year, 168 bodies were received in the public mortuary, where 97 autopsies were performed.

**O. DISEASES OF ANIMALS ACTS**

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.



## METEOROLOGY

The following information is supplied by the Meteorological Officer :—

Total sunshine for year	...	1711.1 hours
Sunniest day	...	14.3 hours on June 6th
Days with sunshine	...	307 days
Total rainfall for year	...	25.28 ins.
Wettest day of year	...	1.59 inches on July 12th
Mean temperature	...	51.1°F.
Maximum temperature	...	84°F. on July 17th
Prevailing wind	...	South-west

REGINALD A. DRAKE,

*Chief Sanitary Inspector.*

## MASS MINIATURE RADIOGRAPHY

In December 1950 and January 1951 the Ministry of Health Mass Miniature Radiography Unit based on Broomfield Hospital, Chelmsford, paid the first visit to Southend-on-Sea.

Special sessions for their staffs were arranged on the premises of several large private firms and public utility services. The co-operation of the local authority was sought in arranging sessions for school children, the Corporation's staff, and the general public.

The Council, on the recommendation of the General Purposes Committee, resolved to afford all their employees an opportunity to attend for mass radiography at special sessions during working hours, and the Education Committee generously provided facilities for the Unit at the Municipal College, both for this purpose, and for the sessions for the general public. Subsequently, additional sessions for school children were held at the Southend High School for Boys, and for Corporation staff at Grainger Road Depot.

The Unit consists of two motor vehicles, the larger of which, including the X-Ray equipment and film processing unit, weighs 10 tons, and the smaller, containing electric generating equipment weighs 8 tons. It is necessary for these vehicles to be stationed close to the doorway of a building which can be used for undressing and registration, the space between the building and X-Ray vehicle being occupied by a covered canvas screen. The advice of the Borough Engineer about possible damage to the surface of the Municipal College playground owing to the weight of the vehicles was obtained, and steel plates were placed under the wheels.

In order to simplify the procedure and to limit the amount of undressing space and supervision required, separate sessions for the sexes were arranged and school children attended in organised groups.

The Unit has a capacity of about 90 persons per hour, and during the visit to Southend, 11,040 radiographic examinations were performed.

The results of individual examinations are, of course, confidential and are supplied only to the person concerned and his doctor; no information was given to the Corporation or to any other employer who co-operated in the scheme. Active cases of tuberculosis discovered are notifiable to the Medical Officer of Health under the ordinary statutory requirements.

Particulars of the examination of school children will be found in the annual report of the school medical officer. The following statistics compiled from information supplied by the director of the Mass Radiography Unit, relate to the survey of Southend-on-Sea as a whole.

*Total Number of Radiographs Taken*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Corporation Staff ...	1,153	440	1,593
Scholars and Students ...	1,258	1,224	2,482
Industrial groups and general public ...	3,760	3,205	6,965
	<hr/> 6,171	<hr/> 4,869	<hr/> 11,040

A consulting room at the Municipal Health Centre was placed at the disposal of the Unit's medical officer for interviewing persons whose miniature radiographs showed some condition requiring further investigation.

*Summary of Results (Excluding Schoolchildren)*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number recalled for large film	170	98	268
Number requiring further investigation ...	80	44	124
Number referred to Chest Clinic	50	26	76

It will be seen that of the 268 persons for whom examination by full size X-Ray film was considered necessary, only 76 needed reference to the Chest Clinic; some of them were found to be suffering from non-tuberculous conditions and ultimately 58 were regarded as tuberculous. In most, however, the disease was considered to be inactive, requiring either no further action or merely a precautionary period of observation and re-examination.

The 58 cases ascertained to be tuberculous do not, of course, represent the total amount of tuberculosis disclosed, for persons in whom the miniature radiograph showed evidence of old healed lesions, are



not included. The full incidence in the various age groups is shown in the following table :—

*Number of Cases of Pulmonary Tuberculosis*

					<i>Age Groups</i>					<i>Total</i>
					15-24	25-34	35-44	45-59	60+	
Active	Post-primary (unilateral)									
	Males	...	...	...	1	1	3	1	—	6
	Females	...	...	...	4	2	1	—	—	7
Active	Post-primary (bilateral)									
	Males	...	...	...	1	2	1	4	1	9
	Females	...	...	...	1	—	—	—	—	1
Pleural	Effusion									
	Males	...	...	...	—	—	—	—	—	—
	Females	...	...	...	1	—	—	—	—	1
Spontaneous	Pneumothorax									
	Males	...	...	...	—	—	—	—	1	1
	Females	...	...	...	—	—	—	—	—	—
Inactive	Post-primary									
	Males	...	...	...	3	13	19	33	5	73
	Females	...	...	...	3	14	22	14	4	57
Total cases					14	32	46	52	11	155

The value of mass radiography cannot be fairly judged from the results of a single survey of a limited portion of the community. Its usefulness increases in proportion to the number of persons examined and the opportunity for re-examination at intervals. The present survey was conducted at an unfavourable time of year and at rather too short notice to permit of adequate organisation and publicity. It is hoped that it will be the forerunner of periodical visits by the Unit to which the Council and the Public Health Department will continue to give their full support.

## NATIONAL HEALTH SERVICE ACT, 1946, PART II

### GENERAL MEDICAL AND DENTAL SERVICES

### PHARMACEUTICAL SERVICES AND SUPPLEMENTARY

### OPHTHALMIC SERVICES

The services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

Once again the kindness of the Chairman allows me to set out the statistics relating to this important work.

# STATISTICAL DATA

## GENERAL MEDICAL SERVICES

Number of principal practitioners included in the List ...	...	...	...	...	...
Number of assistant practitioners employed by principals	...	...	...	...	...
Number of persons included in Doctors' Lists ...	...	...	...	...	...
Number of persons registered as temporary residents ...	...	...	...	...	...
Total gross payments made to practitioners for General Medical Service ...	...	...	...	...	...
Total gross payments made to practitioners for Mileage ...	...	...	...	...	...
Total gross payments made to practitioners for Drugs ...	...	...	...	...	...
Total gross payments made to practitioners opting out of the Superannuation Scheme	...	...	...	...	...
Superannuation, employer's contributions	...	...	...	...	...

## MATERNITY MEDICAL SERVICE

Number of practitioners included in the separate List	...	...	...	...	...
Total Gross payments made to practitioners for Maternity Medical Service ...	...	...	...	...	...

## TRAINEE ASSISTANT PRACTITIONERS

Number of assistant practitioners	...	...	...	...	...
Total amount paid to employing principals	...	...	...	...	...

## DENTAL SERVICE

Number of Dentists included in the List	...	...	...	...	...
Number of Assistant Dentists included in the List	...	...	...	...	...
Total gross payments made to Dentists in the year	...	...	...	...	...
Total gross payments made to Dentists opting out of the Superannuation Scheme	...	...	...	...	...
Superannuation, employer's contributions	...	...	...	...	...

## SUPPLEMENTARY OPHTHALMIC SERVICES

Number of Opticians included in the List	...	...	...	...	...
Number of Ophthalmic Medical Practitioners in the List ...	...	...	...	...	...
Number of Dispensing Opticians included in the List	...	...	...	...	...
Number of sight-tests authorised up to the 31st March, 1951:	...	...	...	...	...
Number of Glasses supplied up to the 31st March, 1951:	...	...	...	...	...

One pair	...	43,359
Two pairs	...	22,221
Three pairs	...	30
Bifocals	...	6,758

Total amount paid to the Profession and refunds of deposits to Patients ...	72,368	...
---	--------	-----

Year ended 31/3/50	Year ended 31/3/51	Year ended 31/3/50	Year ended 31/3/51
72	70		
4	4		
146,319	148,999		
4,864	5,540		

£124,261	£127,351
375	352
191	192
1,526	1,602
5,257	5,508

6,255	8,454
-------	-------

779	1,107
-----	-------

204,899	184,837
895	427
6,207	5,358

25	24
4	5
4	5

107,296	97,203
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STATISTICAL DATA

PHARMACEUTICAL SERVICE

	Year ended 31/3/50	Year ended 31/3/51	Year ended 31/3/50	Year ended 31/3/51
Number of Pharmacists included in the List	50	52	...	...
Number of Pharmacists' establishments included in the List	59	61	...	...
Number of Drug Stores included in the List:	5	4	...	...
Number of Appliance Suppliers included in the List:				
Distributors	19	18	...	...
Manufacturers	5	5	...	...
...			...	...
Total amount paid to the Profession			864,273	
No. of scripts dispensed in the year ended 31/12/50:			£148,171	
Total cost including ingredients, fees and containers:			41.15d.	
Average cost of prescription in this area:			242.73d.	
Average cost per person in this area:			127.71d.	
Lowest average cost per person in England:			310.78d.	
Highest average cost per person in England:			202,004,872	
Total number of prescriptions issued in England:			32,198,256	
Total cost including ingredients, fees and containers:			38.25d.	
Average cost of prescription in England:			207.69d.	
Average total cost per person in England:				£133,005
				£144,241

ADMINISTRATION

Number of permanent staff employed	17	16	(employed on elimination of duplica- tion of Drs. Lists)	
Number of temporary staff employed	—	8		
Number of part-time staff employed	—	—		

ACCOUNTS

Total gross salaries and overtime	...	...	5,260	5,453
Insurance contributions, employers share	...	...	148	158
Rent, rates, lighting and cleaning	...	...	378	301
Stationery and printing	...	...	483	469
Postage and telephones	...	...	679	716
Office adaptations	...	...	13	156

# STATISTICAL DATA

## ADMINISTRATIVE ACCOUNTS (continued)

	Year ended 31/3/50	Year ended 31/3/51
Office equipment	189	36
Advertising expenses	4	2
Superannuation, employer's contributions	303	344
Superannuation, refund of contributions to late employees	—	20
Drug Testing	30	67
Subscription to National Association of Executive Councils	15	10
Incidentals	18	44
	<u>£7,520</u>	<u>£7,776</u>

100

## SUMMARY OF EXPENSES

General Medical Services	131,610	135,005
Maternity Medical Services	6,255	8,454
Trainee Assistant Practitioners	779	1,107
Dental Service	212,001	190,622
Supplementary Ophthalmic Services	107,296	97,203
Pharmaceutical Service	133,005	144,241
Administration Expenses	7,520	7,776
	<u>£598,466</u>	<u>£584,408</u>



## NURSERIES & CHILD MINDERS (REGULATIONS) ACT, 1948.

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp. 81 and 82 ; most of this material was, at the request of the Editor, incorporated in an article published in the "Medical Officer", Vol. LXXXVII, No. 17 of 26th April, 1952.

As has been mentioned previously the legal requirements are rather cumbersome and apt to confuse inexperienced members of the public, while the necessity of providing for appeals to a court involve delay in registration. It would be an advantage if there could be automatic cancellation of the registration of child minders who have no child in their care during a period of say 3 months.

No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

### *Registration of Premises. (Sect. 1. (1) (a)).*

Registrations in force January 1st, 1951	...	...	2
Registrations in force December 31st, 1951	...	...	2
Applications not proceeded with	...	...	1
Total number of children "permitted"	...	...	42
No. who ceased attendance at registered premises	...	...	41
No. who commenced attendance at registered premises	...	...	32
Children under supervision during year	...	...	73

### *Registration of Persons. (Sect. 1. (1) (b)).*

Registrations in force January 1st, 1951	...	...	21
Registrations made during year	...	...	21
Registrations cancelled by consent	...	...	12
Registrations in force December 31st, 1951	...	...	30
Applications withdrawn	...	...	16
Applications refused	...	...	3
No. of children "permitted"	...	...	311
No. of children "placed" with minders	...	...	155
No. of children "withdrawn" from minders	...	...	165
Total children under supervision during year	...	...	320
Total visits of inspection	...	...	228

## CHILDREN IN NEED

A circular letter in the following terms addressed to the probation officers, the area officer of the National Assistance Board, and the secretary of the Southend Civic Guild of Help, gives a succinct account of the decisions called for by a circular issued jointly by the Home Office, the Ministry of Health and the Ministry of Education concerning "children neglected or ill treated in their own homes."

" A circular dated July 31st 1950, addresses local authorities as under.

' The Ministers accordingly ask the Council to ensure that in their area the most effective use is made of existing resources. It will be for the local authority to determine what steps they should take to this end, but it is suggested that the necessary co-operation could be achieved by arrangements on the following lines:—

- (a) to designate through one of their existing committees, or themselves designate, an officer to be responsible under them for enlisting the interest of those concerned and devising arrangements to secure full co-operation among all the local services, statutory and voluntary, which are concerned with the welfare of children in their own homes. In counties, the co-operation of the housing and sanitary authorities would no doubt be sought;
- (b) to arrange for the designated officer to hold regular meetings of officers of the local authority and other statutory services, and of local representatives of the voluntary organisations. In counties, it might be thought desirable to have the meetings in a number of sub-areas, particularly where schemes of decentralised administration of local health services are being operated;
- (c) to arrange for significant cases of child neglect, and all cases of ill-treatment, coming to the notice of any statutory or voluntary service in the area to be reported to the designated officer, who would arrange for such cases to be brought before the meeting so that, after considering the needs of the family as a whole, agreement might be reached as to how the local services could best be applied to meet those needs.'

The Town Council has designated me co-ordinating officer, and a preliminary conference attended by representatives from the Children's Department, the Education Office, the Probation Service and the N.S.P.C.C. has been held.

We came to certain conclusions, namely that if we are to be effective, the numbers attending the conference should be kept small, and its meetings should be regular and frequent, but that we should require some method of keeping in touch with others whose work also lay with children. I am writing therefore to invite your help (a) by sending forward to me particulars of significant neglect and arranging for someone to be available, if necessary, to meet us, and (b) furnishing information about neglected children.

As regards (a), if you send to this office by noon of the Tuesday of each week, particulars of any child who should come within our purview, I would undertake to advise you of the result of our deliberations.

As regards (b), we have arranged that a Central Register of Children in Need should be maintained at this office for the information of co-operating agencies. This would be built up by forwarding to me an index card setting out the name, date of birth and source of referral of any child who was likely to be, either now or in the future the concern of any other agency.

It is not suggested that any particulars beyond those mentioned are necessary for our purpose. People dealing with a child require to know to whom they can apply for further information they need, and the purpose of this register is to indicate where the information can be found, and not the details.

If it fell to you to be directly concerned with any child, this department would inform you by what agencies, and on what dates action had previously been taken, and by communicating at your own discretion with these agencies you would be in a position to obtain the essential information for yourself."



As we believe our practice of meeting once weekly is unique, it may be of value to go into the reasons for doing so. Experience with the staff tuberculosis conference showed that if members know a conference will meet weekly, there is a disposition to avoid the writing of memoranda and instead to deal with many matters verbally, so it was likely that an hour each week given to this work would save much time. The weekly meeting of the "Children in Need Conference" as we named it, was arranged for 12 noon to encourage a disposition to deal with its business expeditiously.

It is likely that some at least of its members, agreed to the arrangements with misgivings, because they feared lest the conference should seek to assume responsibilities already assigned to individual officers and so interfere in their discharge of them. Happily this has not happened, and the regularity with which the members attend, the frankness of the discussions and the friendly informal nature of the meetings, all go to show that those who do this work, feel the conference is worth while.

The vantage point of the chair enables one to see how useful this method can be. It is the means of a very speedy interchange of information, not only concerning children who need help, but also about newcomers who are likely to interest us. It prevents a great deal of over-lapping, for after our discussions, the number of visits which have to be paid to a family is often much reduced. Discussion helps each of us to correct views already formed about a problem and its solution, and often goes far to reconcile diverse opinions. From discussion there has always seemed to emerge general agreement about what is the right policy, or at least, what should be the next step, and there has never been any controversy whatsoever about who should take it. One frequently hears the phrase "well, it looks as though I ought to do this and I will report how things go." The knowledge of what is purposed enables other members of the conference the better to shape their own courses and makes joint action easier. The usefulness of arrangements however, does not end here. It is sometimes natural for one person to think his own difficulties would be much less if someone else did what they really ought to do. In our meetings, an opportunity is afforded of discussing and explaining one's own decisions and the reasons which prompt them. When this is done, it always becomes quite evident that there are unsuspected limitations and difficulties, and so harmony and mutual trust are promoted.

The needs of these children weigh heavily upon us, and for many of their problems there is no ideal solution; we can only seek to find the course which is open to the fewest objections. Moreover, some difficulties tend to resolve themselves if handled wisely and with patience. To decide to do nothing is often harder than embarking on the most drastic action, and the knowledge that responsibility is being shared and that we are following out a plan which is generally accepted by our colleagues is a great help and comfort.



It is quite clear from what our colleagues have said in discussion within their own professional organisations, that satisfaction with this technique of working is not confined to the health department, and for this reason it has been thought well to write at some length.

## NATIONAL ASSISTANCE ACT, 1948

The Council's duties under this Act are to provide residential accommodation for those who, on account of age, infirmity, or any other circumstances are in need of care and attention which is not otherwise available to them, and temporary accommodation for persons who are in urgent need arising in circumstances which could not reasonably have been foreseen; to promote the welfare of handicapped persons notably the blind; to protect the property of persons removed to hospital; to secure necessary care and attention for persons who by reason of age or grave chronic disease, are living in insanitary conditions, and finally to dispose of the dead for whom there is no one to perform this office. All of these duties, with the exception of the last are carried out by the Public Health Department.

### *Residential Accommodation*

This is provided chiefly at Connaught House, but the fullest use is made of voluntary homes providing for both general and specialised needs. There are still residents of Southend-on-Sea in the Part II homes of other authorities to which they were evacuated during the war.

Throughout the year Connaught House provided accommodation for an average of 303 residents, and little could be done to reduce the overcrowding without which the desired standard of amenity cannot be obtained. Three things are necessary, namely the removal by the Essex County Council of residents who remain there, the provision by them of accommodation for patients whose discharge from hospital depends on a suitable standard of care outside, the removal by the Regional Hospital Board of the mental defectives who are a problem to the staff and often times a nuisance to the old, and the completion of your own arrangements for small hostels for people who can use them to advantage. Without the room for manoeuvre which these measures would afford there can be no radical treatment of the problems of Connaught House, although in spite of present limitations, considerable progress is to be discerned.

On January 1st, the nursery ceased to be the administrative responsibility of the acting Superintendent on passing into the control of Miss D. L. Ridd, B.Sc., Children's Officer. Residential accommodation was provided for her supervisory staff, and certain services and supplies were provided through your organisation,



The structure of Connaught House claimed a good deal of attention. The roof of the old centre block, part of which dated from 1837, became dangerous, making the need for demolition urgent. Before this could be done, however, other accommodation for non-resident staff of each sex had to be found, as well as a room for the batteries and switchboard of the internal telephone system. The restrictions on the use of materials and building craftsmen made new buildings out of the question so some alternatives had to be found. Staff rooms were provided in the north administration block; this had the two-fold effect of improving amenities and allowing of better and more continuous supervision. In order to release this accommodation the superintendent's and general office were moved to the south administration block, where structural alterations made more economical use of the floor space there. The general office now overlooks the entrance gates and affords some degree of supervision. This in its turn will make the proposed closure of the porter's lodge and the re-employment elsewhere of the gate-porters more acceptable to the administration. Accommodation for the visiting chiropodist was found in the former casual ward.

The weighbridge, more useful to the business people of Rochford, than to your own organisation was transferred to the ownership of the Public Cleansing Committee for installation at the Leigh refuse tip, and the weighbridge house was then used for telephone purposes. Failure of the heating pipes to the Nursery block called for urgent repair, and movement of the copings to the flat-roofs of the new wards required the expenditure of £370. For many years question of the drainage of surface water from the hospital and your site, has been under discussion with the Rochford R.D.C. and the Essex C.C.; your Committee have now agreed to make a contribution of £1,500 towards the cost of a new surface water sewer which will run through your land.

The Architect reported that the demolition of the old centre block, would leave the kitchens to your new wards, which are structurally part of the old building, without flank walls. They are too small and have the supreme disadvantage of being at a different floor level from the wards, so that any service from food trollies requires much additional handling of containers and crockery. It was decided, therefore, to take this opportunity of remodelling and enlarging the kitchens. This will correct the elevation of the building, for the old kitchen formed part of a three storey structure while the new wards are on two floors only.

The re-organisation of the staff reported last year was carried a stage further by the appointment in June, as superintendent, of Mr. W. L. Jones, who held a similar appointment at St. John's Close, with the Council of the Soke of Peterborough. Miss Barnes, acting temporary matron obtained another appointment, and the posts of 1st and 2nd assistant (women) were filled temporarily. The new organisation has made a promising start which should encourage further developments. The introduction of charge attendants has fulfilled the hopes entertained



of this innovation, and may yet make possible a reduction in the senior establishment proposed.

As has been stated already the Committee is everywhere hampered by the degree of overcrowding which has, unfortunately, to be tolerated. One change most ardently desired is the provision for each resident of some space in which to keep those small items which mean so much to the old, and so to relieve them of the necessity of carrying around either on their persons or in large handbags, articles which could more conveniently be kept in lockers. Lack of the necessary floor space prevents your arranging this now. Changes have, and still are, being made. Increased provision of armchairs, new curtains, rugs and other floor coverings are some of the matters which have engaged your attention.

It is pleasant to observe the growing liberalism of the administration in the treatment of residents, the increased opportunities for access by friends, and the extension of interest on the part of voluntary organisations. No one who has any intimate knowledge of Connaught House can fail to see that progress is being made in many directions.

The experiment of providing occupational therapy for your residents has been most rewarding in its success. Dr. Cieman and the occupational therapists organised an exhibition of work on February 21st and 22nd. Those who were fortunate enough to see it were impressed by the quality of much of the work, and even more by the cheerfulness and resolution of some of your residents who had to overcome most serious and disabling conditions before attempting any kind of handicraft whatsoever.

### *Crowstone House*

The previous report on developments at Crowstone House left off at the point where instructions had been given for the preparation of detailed plans and bills of quantities. These were completed by March 1951 when tenders were invited. Meanwhile a review of our problem showed the prime need of the area to be accommodation for those whose physical efficiency was lowest, and concern was felt lest the very high proportion of single-bed rooms which the plan provided, might have the effect of limiting the admission of those in the gravest need. The sharing of rooms lessens anxieties about sudden illness or accident and reassures the feeble, many of whom are made happier by the presence of others. This is particularly so with the house-bound.

The Committee decided it would be wise to complete the adaptations as planned, save for the omission of certain partition walls in the former hall, which could easily be added at a later date. The



modification increases the accommodation from 47 beds to 55 and still provides 23 single bedrooms.

In July the tender of the Corporation's works department for £19,524 3s. 5d. was accepted, the work to be completed in 10 months. Delay was caused by the economic difficulties of the times, and it was not until February 1st, 1952, that we received permission to begin the work.

### *Other premises*

From time to time premises are offered for sale as being suitable for adaptation as Part III hostels. Your need for additional accommodation is so pressing that the possibilities of each must be investigated in spite of the unfruitful administrative effort involved. Sometimes these offers are made unofficially, in circumstances which require circumspection and discretion, if the legitimate interests of the prospective vendors are to be protected, and other persons encouraged to treat with the Corporation as they would expect to do with a private individual. This increases our difficulties. It is necessary to consider these projects very carefully lest any suitable property should be missed, and from the study of every building some fruitful lessons can be learned. The need for doing this bears hardly on your technical staffs who have a large programme of urgent projects each of which is of vital importance to some section of the Corporation, as well as the very small administrative section of the public health department.

As one property offered to the Corporation seemed most likely to suit your purpose, informal consultations took place with officers of the Ministry and outline plans for adaptation together with an approximate estimate of their cost were prepared. When the Committee came to consider the reports of the officers and to inspect the premises, the proposals did not find favour, and the project was abandoned.

### *Voluntary Organisations*

Full use is made of accommodation provided by voluntary organisations and relations with the "Southend Council for the Welfare of Elderly People," become more cordial with the passage of time and our continued working together. Another year has, however, only confirmed our view that on the whole, voluntary organisations tend to deal with a comparatively restricted class whose emotional and social needs are greater than their physical requirements. It remains true that the difficult, the irresponsible, those who are unreliable, and uncouth, careless in habit, as of speech, and the gravely handicapped, will continue for the most part, to be left to the Local Authorities.

### *Temporary Accommodation*

Present housing difficulties and the legislative changes of recent years have made many difficulties about the care of the homeless. The "wayfarer" of today, who was the tramp of yesterday, is supposed to be directed to "reception centres" provided by the National Assistance Board. Arrangements in this area do not work particularly well for there is no "reception centre" to which women can be directed and the male accommodation is at Kelvedon, in Essex, travel to which is not very convenient so there are many circumstances in which it is unreasonable to expect an individual to go so far. Our natural communications are with London and it would surely be an advantageous arrangement if "wayfarers" could be directed to centres which are readily accessible.

It may be objected that there are few genuine "wayfarers" today but it cannot be denied that there are quite a number of people who have no settled way of life and the present paucity of provision must occasion concern to the Police as well as managers of Part I accommodation.

It is, however, the homeless family which presents the greater problem; thus far we have managed without so-called half-way houses or other family accommodation. It is probably true that if we have solved few problems we have not created many, and in the long term public interest our lack of provision may be a good thing. It bears hardly, however, on those who advise and carry out such a policy particularly as we must always be open to the most ill-informed criticisms on this matter.

Under the User Agreement with the Essex County Council the following Court residents were provided with accommodation in Connaught House during the year

	Resident on 1.1.51		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.51	
	M	F	M	F	M	F	M	F	M	F
	29	55	22	37	37	46	—	3	14	43



Persons maintained by Local Authority in Part III  
Accommodation during 1951

Accommodation provided in	Resident on 1.1.51		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.51	
	M	F	M	F	M	F	M	F	M	F
<b>HOMES OF LOCAL AUTHORITY :</b>										
Wingfield House, Rochford ... ..	79	151	101	235	98	197	3	25	79	164
<b>HOMES OF OTHER LOCAL AUTHORITIES</b>										
West Essex County Council ...	—	1	2	2	—	—	—	—	2	3
London County Council	2	2	—	3	—	1	—	—	2	4
Middlesex County Council ... ..	—	1	—	—	—	1	—	—	—	1
Northfolk County Council	—	6	—	2	—	2	—	—	—	6
Northampton County Council ... ..	1	10	—	—	—	—	—	—	1	10
North Devon County Council ...	1	1	—	—	1	—	—	—	—	1
North Devon County Council ... ..	1	1	—	—	—	1	—	—	1	—
North Devon County Council ... ..	3	—	—	—	—	—	—	—	3	—
North Devon County Council ...	—	—	—	1	—	1	—	—	—	—
<b>HOMES FOR EPILEPTICS :</b>	—	4	—	3	—	3	—	—	—	4
<b>HOMES AND HOSTELS FOR THE BLIND :</b>	2	11	—	—	—	2	—	5	2	4
<b>MENTAL AFTER CARE HOMES :</b>	2	3	2	—	4	2	—	—	—	1
<b>WOLUNTARY HOMES UNDER SECTION 26 :</b>										
Widringham ... ..	5	13	—	4	—	3	—	2	5	12
Wissetholme ... ..	—	5	—	—	—	—	—	—	—	5
St. Martin's ... ..	—	10	—	3	—	3	—	—	—	10
St. Haven ... ..	—	2	—	—	—	—	—	—	—	2
Methodist Home for the Aged ... ..	—	1	—	—	—	—	—	—	—	1
Old People's Home, Reigate ... ..	—	1	—	—	—	—	—	—	—	1
Wimpstead Old People's Housing Trust Ltd. ...	—	1	—	—	—	—	—	—	—	1
St. Leonards-on-Sea ...	—	—	—	1	—	—	—	—	—	1
Mildred's Court, Westgate-on-Sea ...	—	—	—	1	—	—	—	—	—	1
Wicklands, Ingatestone	—	—	—	1	—	—	—	—	—	1
Widdington, Medmenham	—	—	—	1	—	—	—	—	—	1

## NATIONAL ASSISTANCE ACT, 1948, SECTIONS 29 and 30

## BLIND WELFARE

*Voluntary*

The annual report for 1950 contained a very full account of the origins of the Southend-on-Sea Blind Welfare Organisation, and the intention of the Committee to encourage and co-ordinate voluntary effort on behalf of the blind. It was believed that because blind are to be found in all social groups, it requires the effort of all to meet their needs; that those who are blind should, as far as possible have a dominant voice in what is done in their name; that people of goodwill find companionship and self-expression in working together for an agreed end, and are impatient of obligatory association with those who possess neither the same drive nor conviction.

The Southend-on-Sea Blind Welfare Organisation has quickly justified the philosophy underlying its creation, and it is gratifying to observe the vigour and momentum which it already possesses.

The need for a social club was quickly realised, and in a short time the Organisation had established one, meeting on Monday evening and Thursday afternoons in Trinity Church Hall, Queens Road; it was a resounding success from the very start. The Club Sub-Committee have the assistance and support of many organised groups in the town, so the club activities and entertainment are both diversified and excellent and serve to bring to the notice of an ever-widening circle the work of the club.

The Social Circle for the Blind continued to meet each Wednesday afternoon in the Clarence Road Baptist Hall, and once more it is pleasant to acknowledge gratefully the continued interest of the Social Committee of the Round Table 106, the Inner Wheel and the Milton Lodge of the Ancient Order of Druids.

*Wireless*

The British Wireless for the Blind Fund supplied 5 new wireless sets during the year. Six H.T. batteries and six accumulators were also issued free of charge, which enabled unserviceable sets to be repaired and re-issued. Valuable assistance in repairing and maintaining wireless sets installed in the homes of blind persons was again given by members of the local Radio Society.

*Register*

The official total number of blind persons on the register was little changed from the previous year, but it is a little disconcerting to know that the number of those in homes for the blind has decreased from 11 to 8, and the number in unspecialised institutions has risen from 8 to 11.



This is because the general rise in age level results in there being more people who are unable, on account of their general condition, to make proper use of the specialised homes for the blind.

<i>Register of the Blind</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Number on Register 1/1/51	...	127	168	295
Left Borough during year	...	2	12	14
Died during year	...	10	16	26
Transfers in from other areas	...	6	8	14
Newly registered during the year	...	7	23	30
On Register 31/12/51	...	128	171	299
In Homes for the Blind	...	2	6	8
In Institutions	...	2	12	14

### *Work of the Home Teacher*

A total of 930 visits was made to blind persons in their homes, during which 111 lessons in embossed type and 13 handicraft lessons were given.

The handicraft class continued to meet weekly when instruction was given in chair-caning, weaving, netting, string-bag making and other crafts. At an exhibition of handicraft work by blind persons held at Chelmsford during the year, 12 members of this class received prizes, an achievement which reflects credit both upon the work of the Home Teacher and the class. Work was also exhibited at the Royal Agricultural Show during the year. Seven blind persons demonstrated work at the Essex "The Blind Can Make It" Exhibition.

### *Home Workers*

At the end of the year there were two home workers in receipt of augmentation of wages, one engaged in basket making and the other in circular machine knitting.

### *Periodicals*

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers.

### *Use of Deck Chairs on the promenade and cliffs*

The free passes granted by the Council's Entertainment Committee to enable blind persons who could avail themselves of the facility to

use deck chairs on the promenade and cliffs, were renewed during the year and very much appreciated by the blind population. Passes were issued to 220 blind people for this purpose.

### *Transport Facilities*

The Corporation's Transport Committee again issued passes to enable blind persons to use the Corporation's 'buses free of charge. Two hundred and forty-three such passes were issued and this facility was very much appreciated.

## NATIONAL ASSISTANCE ACT, 1948, SECTION 37

*Registered*  
*Registration of Disabled Persons' or Old Persons' Homes. at 31.12.51*

<i>Homes for Old Persons :</i>	<i>No.</i>	<i>No. of beds</i>
Voluntary ... ..	—	—
Private ... ..	*2	*13

<i>Homes for Old and Disabled Persons :</i>		
Voluntary ... ..	1	30
Private ... ..	†7	†59

\* 1 home also registered under Southend-on-Corporation Act.

† 2 homes also     "                 "                 "                 "                 "

<i>Homes registered under Section 144</i> <i>Southend-on-Sea Corporation Act,</i> <i>1947</i> ... ..		
	5	40

## SECTION 47.—REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION

This Section empowers the removal of persons "suffering from grave chronic disease" or "being aged, infirm, or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions. The limitations of the usefulness of this Section and the cumbersome procedure involved in invoking it has been the subject of previous comment. The National Assistance (Amendment) Act of 1951 is therefore to be welcomed, since it permits the Local Authority to authorise the application, by its medical officer, for a summary reception order, valid for six weeks which can be obtained without a Court hearing.

During the year it was not necessary to make any use of these new powers.



## SECTION 48.—TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this Section, and so it is convenient and logical to call on the duly authorised officers to do this work. Eighty-nine visits were made during the year. The work is time consuming and can be very unpleasant at times.

## SECTION 49.—RECEIVERSHIPS

The Department did not seek to attract the obligation of Receivership which often follows action under Section 48, and in spite of the assistance which we have received from the Town Clerk's staff, the work has proved tedious and exacting. In cases where there is no friend or relative to act, and where the estates are so small as to be unable reasonably to support the charges payable to solicitors or Banks, the responsibility of Receivership must be undertaken by the Corporation, but this is not to say that the public health department is the appropriate section to do this work.

## SECTION 50

During the year 12 cases were ascertained by the Department to come within the provisions of the Section, and funeral arrangements were made by the Cemeteries Registrar's Department at the expense of the Health Committee.





# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1951

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## WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

*Chairman:*

Alderman Mrs. C. Leyland, M.B.E.

*Vice-Chairman:*

Mrs. S. S. Sylvester.

*Ex-Officio:*

*Chairman of Education Committee:*

Councillor A. V. Mussett.

*Vice-Chairman of Education Committee:*

Alderman E. N. Selby, J.P., F.A.I.

*Chairman of Maternity & Child Welfare Committee:*

Alderman Mrs. M. Broom.

Councillor E. A. Clarke.

Councillor A. Crush.

Councillor Mrs. W. M. H. Dalwood.

Mr. C. W. Beale, J.P.

Mr. E. S. Bowyer.

Miss E. O. Dowsett.

Reverend P. C. Lee.

Miss M. E. Reay, C.B.E., J.P.

Mrs. M. K. Bates.

Mr. H. Cloke, M.A.

## STAFF OF THE SCHOOL HEALTH SERVICE

### A. WHOLE-TIME OFFICERS

*School Medical Officer:*

J. Stevenson Logan, M.B., Ch.B., D.P.H.

*Deputy School Medical Officer:*

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

*Assistant School Medical Officers:*

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S., L.R.C.P.,  
D.P.H.

*Senior School Dental Surgeon:*

Edgar C. Austen, L.D.S., R.C.S. (Eng.)

*Assistant School Dental Surgeon:*

Eric Horace Digby, L.D.S., R.C.S. (Eng.) appointed 12/11/51

*Superintendent Health Visitor:*

Miss Edith Roberts.

*Health Visitors and School Nurses:*

Miss K. M. Burnett.

Miss M. Butcher.

Mrs. U. McGrath.

Miss M. N. Withams.

Miss D. E. Stevens.

Miss G. M. John, resigned 21/7/51.

Miss G. M. Willcocks.

Mrs. A. M. Hart.

Miss F. L. Blackbourn.

Miss M. K. Lock.

Miss B. M. James.

Mrs. J. M. Fairfax.

Miss D. M. Purser.

Miss L. M. Marshall, appointed 1/10/51.

*School Clinic Nurse:*

Miss D. L. Willis.

*Psychiatric Social Worker:*

Miss D. L. Freeman-Browne.

*School Clinic Attendant:*

Miss M. Parker, resigned 15/5/51.

Mrs. S. Winterflood, appointed 24/5/51.

*Dental Attendant:*

Miss I. J. Sinclair.

*Clerks:*

Miss A. M. Roberts.

Mrs. D. Desmond (née Fill).

Miss B. P. Law.

Miss L. C. Howell.

Miss M. Cheetham, appointed 5/4/51.

**B. PART-TIME OFFICERS**

*Psychiatrist:*

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

*Speech Therapist:*

Miss J. M. G. Howard, F.C.S.T.



This report on the work of the School Health Service for 1951 is largely by the hand of my deputy, Dr. J. C. Preston, to whom I am much indebted. Dr. Preston is not only responsible for the day to day oversight of this work, but deals personally with those children who require some special attention and consideration.

Early ascertainment of handicap is the first step towards making a long-term plan for the treatment and education of children who have special needs, and continuous observation of their progress and response to specific measures is no less essential. In my opinion the children and their parents owe much to Dr. Preston's experience and wise judgment.

In recent years considerable attention has been paid to the early diagnosis of deafness, and full use has been made of the facilities provided under Mr. C. S. Hallpike, F.R.C.P., F.R.C.S., at the National Hospital, Queen's Square, and later at the special unit under Miss Whetnall, F.R.C.S., at the Royal National Throat, Nose, and Ear Hospital, Golden Square.

The employment of a peripatetic teacher for children who are unable to attend school and who remain in their own homes, either awaiting a place in a residential special school or the provision of such a school is another welcome step.

The re-opening of the Open Air School in Prittlewell Chase for the reception of handicapped children is probably the most important development during the year under review, and I am grateful for this opportunity of acknowledging the close co-operation and invariable helpfulness of the chief education officer and Mr. Southworth, assistant education officer, in the making of the arrangements. As will be seen later in this report the school has made an excellent start, and its future is bright with promise.

The next objective is the building of the new special school for educationally subnormal children. Only those who knew the old school in Queens Road are able fully to appreciate what has been done in the former school clinic building in Great Eastern Avenue under the leadership of Miss Weston, and visualise what could be accomplished in a bigger, better and more convenient building.

A school medical officer has a vital interest in the school meals service and it is pleasant to comment on the progress which is to be discerned, particularly in the presentation of the food and the absence of any cases of food poisoning.

The health visitor and school nurse is primarily an educator and in some of the modern secondary schools she has been invited to teach mothercraft and hygiene. This opportunity has been warmly welcomed and the reports received are most encouraging.

The school medical service was the first organised attempt by the community to make special provision for the medical needs of a



particular group, and the lessons learned in this field have been a guide for later progress. The quiet unspectacular work, has by its very success, come to be taken for granted, but its cessation would quickly be manifest in the return of uncleanness, the spread of infection and general declension in our present good standards.

## STAFF.

In November Mr. E. H. Digby was appointed assistant school dental surgeon and the dental staff was thus restored to its former complement, although still below present day needs. The Child Guidance Clinic also became fully staffed once more when Mr. H. J. Wright took up the appointment of educational psychologist on the 8th November.

Miss G. M. John resigned from the staff of health visitors and school nurses in July and the vacancy was filled in October when Miss L. M. Marshall rejoined the staff on the completion of her training. The work of the Speech Therapy Clinic was interrupted from January until May by the illness of Miss J. M. G. Howard, the speech therapist.

Miss M. Cheetham joined the clerical staff in April, and Mrs. Winterflood replaced Miss M. Parker as school clinic attendant in May.

## SCHOOL MEDICAL AND DENTAL INSPECTIONS.

The number of children medically inspected in the routine age groups remained about the same and is as much as can be undertaken in the available school term time with only two assistant medical officers available. An application from an independent school for medical and dental services to be provided by the Authority had to be refused because of this.

The difficulties of accommodation in the schools, to which reference has been made in previous reports, were no easier this year, and several schools again asked for medical inspections to be cancelled. Sickness and holiday reliefs among the limited staff of school nurses also created difficulties in arranging school inspections. A nurse who is attached to a particular school naturally wishes to be present when her school is medically inspected, and it is obviously desirable that the nurse who knows the family and will be responsible for the subsequent follow-up of children found to have defects should be available for consultation with the doctor at the time of inspection.

The general condition of the children remained satisfactory and there was no unusual incidence of defects found at routine inspection. Among the statistics of special inspections it will be noted that fewer children are recorded as requiring treatment for orthopaedic conditions and for defects of the nose and throat. This has happened because examinations by the consultant surgeons are no longer included, being now made under National Health Service arrangements, and not at Local Authority clinics.



The assistant dental surgeon was only appointed at the end of the year and there was therefore only one dental surgeon available for school inspections. The fact that inspections in the periodic age groups were some 1,600 fewer than in 1950 reflects the demand on the dental officer's time for treatment sessions, but is none the less unfortunate.

## PROVISION OF MILK AND MEALS.

Day special schools and nursery classes were excluded from the operation of Circular 235 which increased the cost of school meals to 7d. as from the 1st April.

There were no major developments in the provision of central kitchens and school canteens during 1951. The children attending the auxiliary school premises at St. James Church Hall and Barnard Road Annexe, Leigh-on-Sea, were supplied with meals from Eastwood Central Kitchen.

Four dining centres, at Hinguar Street, Bournemouth Park Road, Westborough and Leigh North Street remained open during the holidays for the provision of meals mainly to children in receipt of free meals.

An average percentage of children in attendance at school who took school dinners was 49% in the primary schools and 60% in the secondary schools. The corresponding figures for milk were 91% in the primary schools and 51% in the secondary schools.

No special problems of food hygiene arose during the year.

## ARRANGEMENTS FOR TREATMENT

### 1. GENERAL

There were no changes worthy of note during the year. The arrangements between the authority and the Southend Group Hospitals Management Committee, which were described in last year's report, were continued.

No medical specialist is now directly employed by the education authority, although Mr. D. D. Evans and Dr. H. Bevan Jones are specialist medical officers for the ascertainment of blind and maladjusted pupils respectively. Dr. R. H. Dobbs, consultant pædiatrician, acts as adviser on special problems in connection with children attending the Day Open Air School.

### 2. MALNUTRITION

Free milk and meals are available on medical recommendation or on evidence of economic need. Of the daily average number of children taking school meals, about 11% in the primary schools and 10% in the secondary schools received them free of charge. This represents in

each case about 6% of the average number of children in attendance at the schools.

Cod Liver Oil and Malt and Parrish's Food are supplied free of cost on medical recommendation.

### 3. MINOR AILMENTS

The Inspection Clinic and Minor Ailment Treatment Centre at the Municipal Health Centre was open daily throughout the year as usual. The additional weekly clinics at Burnham Road, Leigh, Eastwood School, and the Council Offices, Shoburyness, were also continued. The Eastwood Clinic is held only during term time; the other two are open throughout the year and are combined with diphtheria immunisation clinics.

The number of attendances at the inspection clinics again showed a decline compared with the previous year, from 6,216 to 5,713. The difference, however, is accounted for solely by re-inspections. Special inspections, that is first attendances for a particular defect, numbered 4,550 compared with 4,587. Attendances for treatment also declined from 4,462 to 3,552 and it may be that the explanation in each is to be found in the increasing efficacy of treatment methods. On the other hand, consideration of the following table shows that attendances at the Inspection Clinics have fallen off progressively since the post-war peak in 1946.

<i>Year</i>	<i>Attendances</i>
1942	6,448
1943	8,751
1944	9,463
1945	9,460
1946	9,869
1947	7,540
1948	7,981
1949	6,414
1950	6,216
1951	5,713

There are probably several reasons for this, namely the return of general practitioners from National Service, the inception of the National Health Service in 1948 and the inability of your medical officers to prescribe at the expense of the Local Executive Council. There are some grounds also for the belief that there has been a reduction in the incidence of minor ailments.

### 4. UNCLEANLINESS AND VERMINOUS CONDITIONS

Advice and treatment are available at the Municipal Health Centre. The incidence of these conditions remains relatively low despite high standards of ascertainment by the school nurses. The number of



children found to be infested was 166 compared with 244 in the previous year. The number of examinations carried out by the nurses was rather smaller, 39,219 compared with 42,391 in 1950.

## 5. CONVALESCENT TREATMENT

Convalescent treatment of school children is ordinarily provided by the Education Authority and not by the Local Health Authority.

During the year convalescent treatment was authorised in 18 cases compared with 10 in 1950.

## 6. DENTAL CLINIC

Mr. E. C. Austen, Senior Dental Surgeon reports:—

“For 10½ months of 1951 the conditions were the same as in 1950, i.e. that I had to cope with a school population of 19,000, single handed. Naturally not a great deal of routine inspection and treatment could be carried out especially in view of the fact that the number of “casuals” seeking relief from pain or sepsis rose to 3,101; this meant that at every session worked at the school clinic 5.9 children attended as “casuals”. It was considered, however, that priority must be given to the “casual” sufferers, so that the amount of routine work dropped and in consequence the amount of conservation work suffered. In analysing the returns of 1948 and 1951 I find that the number of children treated per session in 1951 was 2.1 in excess of 1948 and yet the amount of work produced was lower, this is explained by the attendance of so many “casuals”.

The Hospital Management Committee again made available medical anæsthetists and I must record my thanks for their co-operation and help in treating much larger numbers in one session than would otherwise have been the case.

During November, 1951, Mr. E. Digby was appointed assistant dental surgeon and this should allow for much more routine inspection and treatment, although it must be pointed out that the ratio of dental officers to child school population is still tremendously high, namely one dental officer to 9,500 children. It is therefore obvious that until a much larger expansion of the service is effected it will not be possible to inspect and offer treatment annually to the school children of Southend.

One interesting point noticed was that the teeth of children between the ages of 7 and 11 were found to show slightly more caries than in the immediate post war years, but a significantly reduced incidence as compared with the pre-war period.”

## 7. EYE CLINIC

This clinic is still conducted on school clinic premises, the ophthalmic surgeon being appointed by the Regional Hospital Board

and the ancillary staff and services supplied by the authority. As from the 1st January the Board engaged the services of Dr. G. Foster Smith, who was formerly employed by the authority, to conduct additional sessions. At the same time the Regional Board took over from the Local Executive Council responsibility for supplying and repairing spectacles hitherto provided under the supplementary ophthalmic service.

The number of clinic sessions undertaken by Mr. D. D. Evans was reduced at his request to one per week and those of Dr. Foster Smith increased to one per week together with two additional clinics per month. The waiting list for operative treatment of squint at Southend General Hospital has grown steadily and there is now a considerable waiting period before admission, but it is understood that this problem is the subject of consideration by the Management Committee and the consultant ophthalmic surgeon.

#### 8. ORTHOPTIC CLINIC

The orthoptic clinic which is provided by the Hospital Management Committee is held at the school clinic premises, the orthoptist attending for six sessions each week. The clinic is available to patients of any age and from anywhere within the catchment area of the local hospitals. During the year 189 children from the County Borough made 2,931 attendances for treatment.

#### 9. DISEASES OF THE EAR, NOSE AND THROAT

No clinic is provided by the education authority. Children are seen by the consultant surgeon at the out-patient department of Southend General Hospital.

A total of 419 children is known to have received operative treatment for adenoids and chronic tonsillitis, but only 151 children were deemed at routine and special inspections, to require treatment for these conditions. Making allowance for the accumulated waiting list from the previous year, and for children referred for treatment following re-inspections, it would appear that the school health service is not now the major source of recommendation for tonsil and adenoid operations.

#### 10. ORTHOPAEDIC DEFECTS

Children are seen by the consultant surgeon at the out-patient department of Southend General Hospital, the special quarterly clinic for children referred through the school health and infant welfare services being held there as in former years. The number of school children attending as out-patients was 334; 21 children received in-patient treatment.



## 11. SPEECH THERAPY CLINIC

The clinic was closed between January and the beginning of May owing to the illness of the speech therapist, and the statistics therefore relate only to eight months work. During this time 73 children received treatment, making 757 attendances.

The conditions for which the children were referred are shown in the following table :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Dyslalia	29	11	40
Stammering	22	5	27
Dysarthria	2	—	2
Cleft Palate	1	—	1
Rhinophonia	—	1	1
Idioglossia	1	—	1
Post-encephalitis	1	—	1
	<hr/> 56	<hr/> 17	<hr/> 73

The speech therapist attends for eight sessions a week, of which one is usually allotted to interviews with parents and visits to schools for consultation with head teachers. For the remaining three sessions she is employed at the hospitals by arrangement between the management committee and the education authority.

## 12. CHILD GUIDANCE CLINIC

The clinic is held on the Education Committee's premises at No. 20 Warrior Square, the lower portion of which, being vacated by the Hospital Management Committee, has been adapted to provide more commodious accommodation and an additional room for play therapy is now available in the basement. The psychiatrist, whose services are provided by the Regional Hospital Board, attends for four sessions each week.

When Mr. H. J. Wright, educational psychologist joined the staff on the 8th November the clinic team became complete again. Altogether his appointment had been vacant for over 3 years during which time an additional burden had been placed on Miss Freeman-Browne, psychiatric social worker. The clinic is open to children of all ages and is not restricted to the county borough or to cases referred through the school medical officer. As shown in the table below, more cases are referred direct from private doctors than from the school health service. There is a waiting list for appointments and if the work continues to develop at its present rate, full efficiency will only be maintained if the psychiatrist can undertake further sessions.

The following table shows a summary of the work done at the clinic during the year.

## CHILD GUIDANCE CLINIC

*Part Time Psychiatrist*

Interviews with children	...	...	...	...	640
Interviews with parents	...	...	...	...	568
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	...	51

*Psychiatric Social Worker*

Interviews with parents	...	...	...	...	691
Interviews with children	...	...	...	...	152
Visits to schools	...	...	...	...	59
Home visits	...	...	...	...	49
Visits—other agencies (e.g. Probation Officers)	...	...	...	...	192

*Educational Psychologist*

Interviews with children at clinic	...	...	...	23
Interviews with children at school	...	...	...	16
Interviews with parents	...	...	...	14
Interviews with Head Teachers	...	...	...	37
Interviews with Probation Officers and other agencies	...	...	...	33

The following tables show the sources of referral in the 139 case referred to the clinic during the year, and the age range of the children concerned.

<i>Sources of Referral</i>					Boys	Girls	Total
Parents	...	...	...	...	9	5	14
School Medical Officer	...	...	...	...	11	9	20
Probation Officer	...	...	...	...	—	—	—
Private Doctors	...	...	...	...	35	25	60
Head Teachers	...	...	...	...	10	9	19
Juvenile Courts	...	...	...	...	3	—	3
Other Agencies	...	...	...	...	9	2	11
Speech Therapist	...	...	...	...	—	—	—
Medical Officers (S.G.H.)	...	...	...	...	9	3	12
Transfers from other Child Guidance Clinics	...	...	...	...	—	—	—
Education Office	...	...	...	...	—	—	—
Essex County Council	...	...	...	...	—	—	—
					86	53	139

*Age Range*

Under 5 years	...	...	...	—	—	18
5—7 years	...	...	...	—	—	40
8—10 years	...	...	...	—	—	34
11—13 years	...	...	...	—	—	25
14—16 years	...	...	...	—	—	15
16+	...	...	...	—	—	7
						139



## FOLLOWING-UP AND WORK OF NURSES

The work of the health visitors and school nurses is fully integrated, thus ensuring continuity of contact with the children in their areas. As school nurses they conduct routine cleanliness surveys in the schools each term, assist the medical officers at routine medical inspections, and make follow up visits to the homes of children who have been found to have defects on examination, in order to ensure that parents are aware of the advice which has been given and the channels through which treatment can be obtained. They also visit the schools to inspect class contacts of infectious disease. In Leigh, Eastwood and Shobury-ness the school nurse also acts as clinic nurse at the weekly minor ailment clinics.

Reference was made last year to the activities of the nurses in the realm of health education by giving talks on mothercraft to senior girls by invitation of the head teachers. These arrangements, which have received favourable comment from H.M.I. have proved both popular and rewarding and have been extended during the past year.

The following table shows the follow-up visits made by the nurses during the year:—

	<i>No. of Children</i>	<i>No. of Visits</i>
Enlarged tonsils, adenoids or mouthbreathing ...	199	207
Squint or defective vision ... ..	374	407
Deformities ... ..	30	33
Verminous conditions ... ..	241	291
Infectious diseases ... ..	768	834
Contagious skin diseases (Impetigo, Scabies, Ringworm) ... ..	18	18
Malnutrition, neglect etc. ... ..	11	13
Defective teeth ... ..	21	23
Tuberculosis ... ..	15	16
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc. ...	1,290	1,406
<b>Total</b>	<b>2,967</b>	<b>3,248</b>

## HANDICAPPED PUPILS

The arrangements for the ascertainment of handicapped pupils remained unaltered. Ascertainment of the more serious defects is believed to be both virtually complete and prompt. As is mentioned below, the ascertainment of "delicate" children had been incomplete during the period when the Open Air School was not available. The filling of the appointment of educational psychologist is likely to increase the ascertainment of the educationally subnormal and thus further to accentuate the inadequacy of the number of places at present available

in the Day Special School and the special E.S.N. classes in the ordinary schools.

During the year three handicapped pupils were maintained at independent schools under the arrangements approved under Section 9 (1) of the Education Act, to which reference was made in last year's report. Two of these children were maladjusted pupils and one physically handicapped. One deaf child was boarded out under Section 56 of the Act to enable her to receive intermediate special education pending her admission to a special school for the deaf.

Ten children unable to attend school were provided with home tuition. These are all severely handicapped pupils, some of them awaiting admission to special school, others of doubtful educability but considered worth a trial.

## SPECIAL SCHOOLS

There was no alteration in the arrangements at the Day Special School for educationally subnormal pupils which continues its valuable work with insufficient places and a waiting list for admission. Seven children were admitted during the year, eight were discharged, and there were thirty-one children on the roll at the end of the autumn term.

The position in regard to vacancies in residential special schools continues to be difficult, particularly in the categories of deaf and maladjusted children and in the fortunately rare instances of children with multiple defects.

The following table shows the number of children maintained during the year in residential special schools not provided by the Authority:—

### BLIND AND PARTIALLY SIGHTED

	<i>Boys</i>	<i>Girls</i>
West of England School for the Partially Sighted	1	2
Dorton House, Aylesbury ... ..	3	—
Brighton School for Partially Sighted Boys ...	1	—
Barclay School for Partially Sighted Girls ...	—	2
North House School, Wimbledon ... ..	1	—
Royal Normal College ... ..	1	—

### DEAF AND PARTIALLY DEAF

	<i>Boys</i>	<i>Girls</i>
Royal School for the Deaf, Margate ... ..	4	1
Royal Institution for the Deaf, Derby ... ..	—	2
Royal School for the Deaf & Dumb, Martley, Worcester ... ..	1	—
Brighton School for Partially Deaf ... ..	2	1
Beverley School for the Deaf (Boarded out; to attend as Day Pupil) ... ..	1	—
School for Jewish Deaf ... ..	1	—



## EDUCATIONALLY SUBNORMAL

	<i>Boys</i>	<i>Girls</i>
Beacon School, Lichfield ... ..	1	—
Littleton House, Girton ... ..	1	—
Seabrook Lodge Special School, Hythe ... ..	1	—
Monyhull ... ..	1	—

## PHYSICALLY DEFECTIVE AND DELICATE

	<i>Boys</i>	<i>Girls</i>
Hinwick Hall, Wellingborough ... ..	1	—
St. Catharine's Home, Ventnor ... ..	2	—
Coney Hill School, Margate ... ..	1	—
St. Monica's Home, Kingsdown ... ..	—	1
St. John's, Woodford Bridge ... ..	2	—
St. John's, Brighton ... ..	1	—
Anthony and Annie Muller Home, Broadstairs	2	—
Hawkenbury Home of Recovery ... ..	1	—
Dedisham Convalescent Home ... ..	1	—
Hamilton House, Seaford ... ..	1	—
Castleham School of Recovery ... ..	—	1
Puckle Hill House School ... ..	1	—

## EPILEPTIC

	<i>Boys</i>	<i>Girls</i>
Chalfont Colony ... ..	1	—

## MALADJUSTED

	<i>Boys</i>	<i>Girls</i>
Red Hill School, East Sutton ... ..	1	—
St. Catharine's Home, Almondsbury ... ..	1	—

## DAY OPEN AIR SCHOOL

The Day Open Air School, Prittlewell Chase, was re-opened in September as a special school for delicate and physically handicapped pupils.

It was closed at the outbreak of war in 1939 and its resumption had been delayed since the end of the war by the shortage of accommodation in the ordinary schools which made it necessary to use the premises for a primary department and a nursery class.

Before the war, the school provided for three classes, having a total accommodation for 90 children of all age groups. There was no alternative accommodation for the nursery class which is being retained for an indeterminate period, and so the school had to be re-opened with only two classes of 30 children each. Clearly one of the age groups had to be left out, and it was decided to allocate the two classes to the infant and junior groups, leaving the children of secondary school age temporarily unprovided for. The need for open air schooling is greatest among the younger children, many of whom, classed as Delicate in their

early school years, overcome their disabilities later on. Those who still require special educational treatment include the more severely handicapped children who can appropriately be sent to residential special schools. This is not, of course, to argue against the provision of day open air school facilities for the older children, and it is hoped to provide accommodation for all age groups as soon as the first stage of the enlargement of the school can be completed.

As the school had been closed for eleven years it may be appropriate to refer briefly to the aims and objects of open air school education.

The open air school is intended to provide for the needs of "delicate pupils", that is to say "pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school". In addition it is convenient and suitable to send to a day open air school certain physically handicapped pupils (cripples, etc.), provided their defect is compatible with the open air school regime.

Administrative Memorandum No. 183, issued by the Board of Education in 1938 indicates the following classes of children as being especially likely to benefit from attendance at open air schools.

- "(a) Cases of sub-normal nutrition, malnutrition, rickets and anaemia.
- (b) Delicate children living in the same house as a consumptive.
- (c) Children with tuberculous glands in the neck.
- (d) Convalescents after debilitating diseases, such as pneumonia, measles whooping-cough, etc.
- (e) Convalescents after operations for adenoids, enlarged glands in the neck, etc.
- (f) Cases of blepharitis and other chronic non-infectious disease associated with malnutrition.
- (g) Certain types of cripples, nervous and highly strung children.
- (h) Children who have returned from a sanatorium and are not yet fit for an ordinary public elementary school."

Delicate children who attend open air schools require special nourishment, rest, open air conditions and frequent medical supervision. Generally speaking it is found that after attendance for a period varying from six months to two years, they are able to return to an ordinary school.

The main features of the regime at an open air school are :—

Fresh air and sunlight

Rest

Proper diet

Training in a hygienic way of life

Medical treatment

More individual attention than is possible in an ordinary school

Special educational methods



In brief, it is the aim of the school to provide both educational and physical rehabilitation for children whose schooling has been interrupted by temporary, though lengthy, illness, and to teach the more severely handicapped to surmount their disabilities, while carrying on their education in a protected environment.

The material features of the school do not differ from the description given in the annual report by my predecessor, the late Dr. C. Grant Pugh, in 1929 when the school first opened. It is interesting to note that at that time the school assembled at 9.10 a.m. and did not disperse until 4.20 p.m. The hours are now from 9.30 a.m. until 3.30 p.m.

The only meal at present supplied is mid-day dinner. In addition the children have  $\frac{2}{3}$  pint of milk and a daily issue of Cod Liver Oil and Malt.

The importance attached to diet influenced the Committee in deciding to re-open the kitchen at the school, although it is situated next door to Fairfax High School where there is a large central kitchen which had supplied container meals to the primary school formerly in occupation of the premises. Although the school kitchen does not aim to provide what is usually understood by the term "invalid cookery", many of the children at an open air school have capricious appetites and most of them benefit from an ample diet of good food value and high vitamin content. It is therefore an advantage to have a greater flexibility than is possible in mass catering from a central kitchen, and to have meals freshly cooked on the premises rather than container meals.

From its opening in 1929 to its eclipse in 1939 the school operated without any special transport although drawing its children from all over the County Borough. Lack of this provision, however, does tend to limit the usefulness of such a school. Reliance on public transport may make it impossible for a severely physically handicapped child, or a young child whose parent cannot accompany him, to attend, and may result in poor attendance by delicate children in bad weather. The trend of modern public opinion and the employment of married women, which prevents some mothers from accompanying their children long distances to and from school, reinforce these considerations. While recognising that ultimately it will be necessary to provide special transport for the majority of the children from collecting points near their homes, the Committee decided to begin with a school omnibus travelling over a limited circuit from Chalkwell Schools via Victoria Circus, Prittlewell, Prince Avenue and Hobbeythick Lane. Further consideration will be given to the need for providing a more extensive service when experience has been gained of the operation of the present arrangements.

Before the war the school had a whole-time state registered nurse attached to the staff. The extent to which the children require personal attention of a physical nature depends very largely on the type of child who is admitted to the school. With only 60 places available it was felt

that the present needs of the school would be met by the appointment of a children's attendant with experience as a nursery assistant. The Committee recognised, however, that one of the important functions of a day open air school is to avoid the necessity of sending children away from their homes to residential schools. It may be, therefore, that when the ultimate enlargement of the school is completed, the appointment of a trained nurse might extend its usefulness considerably by enabling a wider range of children to be accepted.

The selection of children for admission to the school is undertaken by the assistant school medical officers. The normal sources of referral include, in addition to the school clinics and routine medical inspection, the school nurses, general practitioners, the pædiatric department of the Hospital, head teachers, as well as direct applications from parents. Owing to the long period during which the school was closed the ascertainment of children suitable for admission was very incomplete, and a survey undertaken during the summer months only produced 21 children to start the school in September. In any case it was intended as a matter of policy not to fill all the available places immediately, but as a result no doubt, of long continued closure, the rate of referral from all sources was slower than had been anticipated, and at the end of the term the numbers had only risen to 43. The distribution of the children was curiously uneven, in that there were many more children in the 5-7 age group, than in the 8-11 group, and many more boys than girls. One factor in the slow recruitment was the reluctance of parents to whom "open air" education is unfamiliar, to expose their delicate children to what they feared would be a spartan regime in the winter months, and no doubt if the school had been able to start during the summer term this hesitancy would have been less apparent.

The following table shows an analysis of the medical condition of the 43 children admitted during the first term.

Asthma	...	...	...	...	...	...	17
Bronchitis	...	...	...	...	...	...	2
Bronchiectasis	...	...	...	...	...	...	3
Respiratory Catarrh	...	...	...	...	...	...	3
Pulmonary Tuberculosis	...	...	...	...	...	...	4
(non-infectious post-primary)							
Tuberculous Pericarditis	...	...	...	...	...	...	1
Tuberculosis Contacts	...	...	...	...	...	...	2
Cerebral Palsy	...	...	...	...	...	...	4
Cerebral Palsy and Asthma	...	...	...	...	...	...	1
Arthrogryphosis	...	...	...	...	...	...	1
Diabetes and Narcolepsy	...	...	...	...	...	...	1
Rheumatic Carditis	...	...	...	...	...	...	1
Aortic Stenosis	...	...	...	...	...	...	1
General Debility	...	...	...	...	...	...	2

Two of the children were only admitted near the end of the year. Of the 41 children who were there for a substantial part of the term.



35 had gained weight by the end of the term, 5 had remained stationary and 1 had lost weight. The average gain in weight was 2.4lbs., the greatest gain being 8lbs. and the least 1lb. Many parents reported an improvement in the general health of their children and expressed their appreciation of the work of the school in generous terms.

The re-opening of the Open Air School represents the fulfilment of hopes which had been long deferred, and the major credit for its successful launching is due to the Headmistress, Miss J. Wallis, to whose wholehearted co-operation in all matters pertaining to the welfare of the children it is a pleasure to pay tribute.

The acceptance by Dr. R. H. Dobbs of an appointment as consultant pædiatric adviser to the school is welcomed as giving further assurance of the fruitful co-operation which already exists between the school health service and the pædiatric department of the hospital. Many of the children attending the school are, or have been, patients of the consultant pædiatrician and the opportunity for personal consultation regarding their progress is most valuable. The school is immediately adjacent to the hospital, which greatly facilitates arrangements for children to attend the department of physical medicine for treatment with the minimal loss of school time.

## NURSERY CLASSES

Nursery classes are provided at Bournemouth Park, Thorpe and the Open Air Schools, and admission to the available 120 places continues to be much sought after. The classes are attached to ordinary infant schools, the buildings of which have been used after the minimum alterations were carried out. They keep the same terms and hours as the parent schools and attendance thereat does not solve completely the problem of the child whose mother is in full time employment.

Children below the age of three are rarely admitted and are transferred to infant schools when they become five. Priority of admission is given to children whose mothers are obliged to go out to work, or who for social or psychological reasons are most in need of this kind of education.

All children are medically examined prior to admission to a nursery class and any medical problems are thereafter dealt with through the machinery of the school medical service rather than at the Infant Welfare Clinics.

## YOUTH EMPLOYMENT SERVICE

The arrangements for co-operation with the youth employment service were described in the report for 1949. Confidential reports are furnished to the youth employment Sub-Committee on children leaving school in all cases where the medical history indicates either a preference for, or a restriction on, certain types of employment. When a handicapped pupil leaves a special school there is consultation between

the school medical officer and the youth employment officer in order to find employment of a kind best suited to his disability. This liaison has proved very fruitful in helping a number of children with special problems on the way to useful citizenship.

## JUVENILE EMPLOYMENT

During the year 276 boys and 46 girls were medically examined prior to employment. Of these, 61 boys and 15 girls were pupils attending Secondary Grammar Schools.

The upward trend of applications for employment has been reversed this year, as shown by the following statistics:—

<i>Year</i>	<i>Boys</i>	<i>Girls</i>
1945	164	40
1946	224	15
1947	183	17
1948	231	23
1949	310	32
1950	346	33
1951	276	46

## TRAINING OF DISABLED PERSONS

The arrangements for examination by the assistant school medical officers of students attending training courses at the Municipal College under the Ministry of Labour's scheme were continued. Eight students accepted invitations to attend for examination.

## SCHOOL HYGIENE

The pressure on accommodation in the schools has led to the use of church and other halls as ancillary classrooms. At the present time four schools, Eastwood, West Leigh, Chalkwell and Bournemouth Park are using annexes of this type. Although designed for public assemblies the buildings are seldom ideal for school purposes. Even where they are not open to criticism in the matter of heating, lighting and ventilation, the cloakrooms, lavatories and sanitary accommodation are in some cases below the recommended space standards for schools. Where the annexe is immediately adjacent to the school a lower standard can be accepted because the children can go over to the main school during break periods. The service of school meals in improvised premises creates further difficulties, because facilities for serving food and washing-up which are designed for the service of light refreshments on infrequent occasions, may be quite inadequate to cope with the demand of regular use for school dinners supplied in heated containers from central kitchen.

The use of the premises for their ordinary communal activities in the evenings and at weekends means that altogether they are carrying a greater load of usage than was previously envisaged, and standards of cleanliness are apt to fall unless constant vigilance is exercised by caretakers.



## SPECIAL INVESTIGATIONS

In March the assistance of the department was sought in the investigation of an outbreak of scalp ringworm in a residential children's home which is also an independent school. All the children were examined with the Wood's lamp and eleven cases of ringworm were found and confirmed microscopically. The infecting fungus was *microsporon audouini*. All the affected children were in the nursery section of the School and measures were taken to isolate them and to prevent the spread of infection pending treatment by X-Ray epilation which was arranged through the National Health Service at a hospital in London which specialises in this form of treatment. The children were subsequently re-examined with the lamp when epilation was complete. The rest of the children in the Home were also re-examined but no secondary cases occurred after measures of control had been instituted. The outbreak was traced to a child who had been admitted to the School incompletely cured after treatment in another area.

## MASS MINIATURE RADIOGRAPHY

A general account of the visit of the Mass Miniature Radiography Unit from Broomfield Hospital, Chelmsford, will be found in the annual report of the Medical Officer of Health. It is appropriate here to refer to the special arrangements which were made to enable certain groups of school children to take advantage of the opportunity for X-Ray examination.

The Education Committee, in addition to providing facilities for the Unit to operate at the Municipal College and Southend High School for Boys, made arrangements for all pupils born prior to the 1st January 1937 to have the opportunity of attending for radiography. Posters were exhibited in the secondary schools and each pupil was given a leaflet explaining the purpose and procedure of mass radiography and containing space for the particulars required by the radiography unit and a form of consent to be signed by the parent. No child failing to present a completed consent form was allowed to attend the Unit.

Special sessions were reserved for the children, and in order to avoid loss of school time and to keep children from individual schools in an organised group under proper supervision, a service of omnibus transport was provided for in accordance with a pre-arranged time-table.

There were 3,063 children in the selected age groups on the rolls of the Authority's schools, exclusive of students in the senior department of the Municipal College, and about two thirds of them attended for radiography, the actual figures being as follows:—

		Males	Females	Total
Scholars	...	1,044	1,101	2,145
Students	...	214	123	337
		<hr/>	<hr/>	<hr/>
		1,258	1,224	2,482

*Summary of Results (school-children only)*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number recalled for large film ...	20	13	33
Number requiring further investigation	8	7	15
Number referred to Chest Clinic ...	6	5	11

The results of the examination of senior students at the Municipal College are included in the statistics relating to adults in the annual report of the Medical Officer of Health.

Of the eleven children referred to the chest clinic four were subsequently diagnosed as tuberculous, the remaining seven being found to have non-tuberculous conditions, such as pneumonitis, bronchiectasis, pleural thickening, etc.

The total number of cases of tuberculous infection, active and inactive, discovered by the survey of children, is shown in the following table:—

*Number of cases of Pulmonary Tuberculosis.*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Active Primary ... ..	—	2	2
Inactive Primary ... ..	12	5	17
Inactive Post-primary ...	1	1	2
	<hr/>	<hr/>	<hr/>
	13	8	21

This survey has yielded useful results. It is reassuring to find so little of significance in these age groups, and the educational value of the survey has been considerable. It shows however that mass miniature radiography when used unselectively at these ages is an expensive method of "case finding," and by itself is not entirely adequate to our needs. Medical officers of health have impressed on the officers of the Board, and the directors of the M.M.R. units, the desirability of adhering to a regular schedule, in planning the itineraries of these expensive and most useful teams. If the unit could visit Southend-on-Sea say, annually, at the same time of the year, we could arrange to carry out skin tests on the over 14's and immediately thereafter radiograph the positive reactors. The following year, the skin testing would be restricted to those entering the age group or who were non-reactors. In this way a child could be watched through the school years when Mantoux conversion is likely to take place. Another valuable result would be the establishment of reliable norms for our child population, of Mantoux conversion rates, and any departure from these, as affecting any particular group or school, would focus attention on the place where an intensive search for foci of infection should be instituted.

The statistics relating to teachers are also included among the other adults. It is, however, reassuring to note that, of the 227 examined, only seven were recalled for large film; only two of these had to be



ferred to the Chest Clinic, and neither of them was suffering from tuberculosis in an active form.

## PRIMARY AND SECONDARY SCHOOLS

RETURN OF MEDICAL INSPECTIONS:—YEAR ENDED 31ST DECEMBER, 1951.

TABLE I.

### PERIODIC MEDICAL INSPECTIONS.

*Number of Inspections in the prescribed Groups:—*

Entrants	...	...	...	2,289
Second Age Group	...	...	...	1,766
Third Age Group	...	...	...	1,753

*Number of other Periodic Inspections* —

Total	...	...	5,808
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### OTHER INSPECTIONS

Number of Special Inspections	...	5,855
Number of Re-Inspections	...	4,735

Total	...	...	10,590
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### PUPILS FOUND TO REQUIRE TREATMENT

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ...	25	186	209
Second Age Group ...	90	147	236
Third Age Group ...	94	123	208
Other Periodic Inspections ...	—	—	—
Grand Total	209	456	653

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951.

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin ...	140	48	360	66
5	Eyes— a. Vision ...	209	339	1115	61
	b. Squint	28	49	21	8
	c. Other ...	49	2	197	47
6	Ears— a. Hearing	11	3	20	19
	b. Otitis Media	4	—	44	11
	c. Other ...	6	6	72	43
7	Nose or Throat ...	39	257	112	110
8	Speech ...	10	25	20	3
9	Cervical Glands ...	1	26	22	23
10	Heart and Circulation	19	1	12	16
11	Lungs ...	3	163	41	62
12	Developmental :—				
	(a) Hernia ...	8	17	3	1
	(b) Other ...	11	113	—	5
13	Orthopaedic :—				
	(a) Posture ...	4	95	3	8
	(b) Flat foot ...	39	100	28	8
	(c) Other ...	12	53	44	44
14	Nervous system :—				
	(a) Epilepsy ...	—	19	3	1
	(b) Other ...	3	42	11	5
15	Psychological :—				
	(a) Development	2	18	34	16
	(b) Stability ...	11	37	212	56
16	Other ...	30	116	731	543

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2289	543	23.7	1740	76.0	6	0.3
Second Age Group	1766	406	23.0	1355	76.7	5	0.3
Third Age Group	1753	496	28.3	1253	71.5	4	0.2
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total	5808	1445	24.9	4348	74.9	15	0.2



TABLE III

## INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by school nurses or other authorised persons ...	39,219
(II) Total number of individual pupils found to be infested ... ..	166

TABLE IV

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

*Notes*—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

## GROUP I—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

					<i>Number of cases treated or under treatment during the year</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
Ringworm—(i) Scalp	...	...	...	...	—	—
(ii) Body	...	...	...	...	13	—
Scabies	...	...	...	...	14	3
Impetigo	...	...	...	...	36	2
Other skin diseases	...	...	...	...	412	80
Total					475	85

## GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

					<i>Number of cases dealt with</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of re-						
fraction and squint	...	...	...	...	229	49
Errors of refraction (including squint)	...	...	...	...	939*	15
Total					1,168	64

Number of pupils for whom spectacles were

(a) Prescribed	...	...	...	...	591*	5
(b) Obtained	...	...	...	...	193*	5

\*Including cases dealt with under arrangements with Supplementary Ophthalmic Services.

## GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment			
(a) for diseases of the ear	... ..	—	14
(b) for adenoids and chronic tonsillitis	...	—	419
(c) for other nose and throat conditions	...	—	9
Received other forms of treatment	... ..	158	26
Total		158	468

## GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	21		
		<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g., in clinics or out-patient departments	... ..	—	334

## GROUP 5—CHILD GUIDANCE TREATMENT

		<i>Number of cases treated</i>	
		<i>in the</i>	
		<i>Authority's Child</i>	
		<i>Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	... ..	202	—

## GROUP 6—SPEECH THERAPY

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapist	73	—	

## GROUP 7—OTHER TREATMENT GIVEN

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments	... ..	939	1,195



TABLE V

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's  
Dental Officers:—

(a) Periodic age groups	...	...	...	3,185
(b) Specials	...	...	...	3,101
(c) TOTAL (Periodic and Specials)	...	...		<hr/> 6,286

(2) Number found to require treatment	...	...	4,937
(3) Number referred for treatment	...	...	4,937
(4) Number actually treated	...	...	4,315
(5) Attendances made by pupils for treatment	...	...	6,339
(6) Half days devoted to:—			
(a) Inspection	...	...	9
(b) Treatment	...	...	521
Total	...	...	530

## (7) Fillings:—

Permanent Teeth	...	...	726
Temporary Teeth	...	...	13
Total	...	...	739

## (8) Number of teeth filled:—

Permanent Teeth	...	...	603
Temporary Teeth	...	...	13
Total	...	...	616

## (9) Extractions:—

Permanent Teeth	...	...	1,102
Temporary Teeth	...	...	5,111
Total	...	...	6,213

(10) Administration of general anaesthetics for extraction 3,610

## (11) Other operations:—

(a) Permanent Teeth	...	...	1,611
(b) Temporary Teeth	...	...	—
Total	...	...	1,611

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